

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

JIMMY FRANK CAMERON (AIS# 105591)

Plaintiff,

v.

RICHARD ALLEN, et al.

Defendants.

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2:06-CV-1115-MHT

**SPECIAL REPORT OF DEFENDANTS PRISON HEALTH SERVICES, INC. AND
TAHIR SADDIQ, M.D.**

COME NOW Defendants, Prison Health Services, Inc. (hereinafter “PHS”) and Tahir Siddiq, M.D. (identified in Plaintiff’s Complaint as “Doctor Siddiq”) in response to this Honorable Court’s Order and present the following Special Report with regard to this matter:

I. INTRODUCTION

The Plaintiff, Jimmy Cameron (AIS# 105591) is an inmate confined at Bullock Correctional Facility located in Union Springs, Alabama. On December 19, 2006, Cameron filed a Complaint against PHS, the company that currently contracts with the Alabama Department of Corrections to provide healthcare to inmates at Bullock, and Tahir Siddiq, M.D., Bullock’s Medical Director, alleging that these Defendants have violated his constitutional rights by denying him appropriate medical treatment for a back condition.¹ (See Complaint). The Plaintiff demands one hundred twenty-five dollars (\$125.00) per Defendant in monetary damages and

¹ Cameron also identifies two nurses in the body of his Complaint identified as “Ms. Kiwhol” and “Nurse Massey.” These nurses are not named as Defendants.

requests that this Court issue an Order forcing the Defendants to provide him with “decompression therapy.” (See Complaint).

As directed, the Defendants have undertaken a review of Plaintiff Cameron’s claims to determine the facts and circumstances relevant thereto. At this time, the Defendants are submitting this Special Report, which is supported by a Certified Copy of Plaintiff Cameron’s medical records (attached hereto as Exhibit “A”) and the Affidavit of Tahir Siddiq, M.D. (attached hereto as Exhibit “B”). These evidentiary materials demonstrate that Plaintiff Cameron has been provided appropriate medical treatment at all times, and that the allegations in his Complaint are without merit.

II. NARRATIVE SUMMARY OF FACTS

At all pertinent times, Jimmy Cameron (AIS# 105591) has been incarcerated as an inmate at Bullock Correctional Facility. (See Exhibits “A” and “B”). Mr. Cameron has filed a complaint in this action alleging that Dr. Siddiq failed to provide him with appropriate medical care for a back condition. (See Complaint). Mr. Cameron also claims that Dr. Siddiq has acted improperly in prescribing him two medications, Ibuprofen and Fosamax.² Mr. Cameron’s allegations are completely unfounded, as all of his medical conditions have been appropriately treated at all times. (See Exhibit “B”). Dr. Siddiq has done nothing to retaliate against this inmate. (Id.)

Mr. Cameron was transferred to Bullock County Correctional Facility on October 24, 2006. (Id.) A review of Mr. Cameron’s medical records indicated that he had a history that was significant for degenerative spine disease. (Id.) Specifically, Mr. Cameron received a chest x-

² Fosamax is in the group of medicines called bisphosphonates. It alters the cycle of bone formation and breakdown in the body. Fosamax slows bone loss while increasing bone mass, which may prevent bone fractures.

ray on August 28, 2006, that showed old compression fractures in the lower dorsal spine and, possibly, an additional compression fracture in the mid-dorsal region. (Id.) On September 26, 2006, roughly one month later, Mr. Cameron received a lumbar spine series that showed slight loss of the vertebral height at L1-2. (Id.) The age of these changes was noted to be uncertain and no other abnormalities were indicated. (Id.) On September 29, 2006, Mr. Cameron underwent a chest CT scan which identified a lesion at T7 with old appearing compression fractures at T8 and T11. (Id.)

Based on these findings, as well as Dr. Siddiq's physical evaluation of this inmate, it is Dr. Siddiq's medical opinion that Mr. Cameron's spinal condition is stable. (Id.) His compression fractures are well healed and he shows no signs of neurological damage. Surgical intervention is contraindicated. (Id.)

In order to treat intermittent pain associated with Mr. Cameron's condition, Dr. Siddiq have prescribed numerous pain relieving medications including Percogesic, Tylenol and Advil. (Id.) Dr. Siddiq has also provided Mr. Cameron with numerous specialty profiles to make his time in prison more comfortable including a "lay-in profile," a "double mattress profile," a "bottom bed profile." (Id.)

Mr. Cameron also claims that Dr. Siddiq has acted inappropriately by prescribing him certain medications, Ibuprofen and Fosamax. (Id.) Mr. Cameron believes these medicines are contraindicated for his treatment because he is Hepatitis C positive. (Id.) While it is true Mr. Cameron is Hepatitis C positive, his liver enzyme panels indicate that his liver is functioning normally. (Id.) These medications are not contraindicated for his treatment. (Id.)

It is clear from the evidence and testimony now before the Court that Mr. Cameron's medical conditions and complaints have been evaluated in a timely fashion at Bullock

Correctional Facility and his diagnosed conditions have been treated in a timely and appropriate fashion. (Id.) At all times, he has received appropriate medical treatment for his health conditions at Bullock. (Id.) At no time has he been denied any needed medical treatment. (Id.)

The appropriate standard of care has been adhered to at all times in providing medical care, evaluation, and treatment to this inmate. (Id.) At no time have the Defendants, or any of the medical or nursing staff at Bullock Correctional Facility, denied Mr. Cameron any needed medical treatment, nor have they ever acted with deliberate indifference to any serious medical need of Mr. Cameron. (Id.) At all times, Mr. Cameron's known medical complaints and conditions have been addressed as promptly as possible under the circumstances. (Id.)

III. DEFENSES

The Defendants assert the following defenses to the Plaintiff's claims:

1. The Defendants deny each and every material allegation contained in the Plaintiff's Complaint and demand strict proof thereof.
2. The Defendants plead not guilty to the charges in the Plaintiff's Complaint.
3. The Plaintiff's Complaint fails to state a claim against the Defendants for which relief can be granted.
4. The Defendants affirmatively deny any and all alleged claims by the Plaintiff.
5. The Plaintiff is not entitled to any relief requested in the Complaint.
6. The Defendants plead the defense of qualified immunity and aver that the actions taken by the Defendants were reasonable and in good faith with reference to clearly established law at the time of the incidents complained of by the Plaintiff.

7. The Defendants are entitled to qualified immunity and it is clear from the face of the Complaint that the Plaintiff has not alleged specific facts indicating that the Defendants have violated any clearly established constitutional right.

8. The Defendants cannot be held liable on the basis of respondeat superior, agency, or vicarious liability theories.

9. The Plaintiff is not entitled to any relief under 42 U.S.C. § 1983.

10. The allegations contained in the Plaintiff's Complaint against the Defendants sued in their individual capacities, fail to comply with the heightened specificity requirement of Rule 8 in § 1983 cases against persons sued in their individual capacities. See Oladeinde v. City of Birmingham, 963 F.2d 1481, 1485 (11th Cir. 1992); Arnold v. Board of Educ. Of Escambia County, 880 F.2d 305, 309 (11th Cir. 1989).

11. The Defendants plead all applicable immunities, including, but not limited to qualified, absolute, discretionary function immunity, and state agent immunity.

12. The Defendants aver that they were at all times acting under color of state law and, therefore, they are entitled to substantive immunity under the law of the State of Alabama.

13. The Defendants plead the general issue.

14. This Court lacks subject matter jurisdiction due to the fact that even if the Plaintiff's allegations should be proven, the allegations against the Defendants would amount to mere negligence which is not recognized as a deprivation of the Plaintiff's constitutional rights. See Rogers v. Evans, 792 F.2d 1052 (11th Cir. 1986).

15. The Plaintiff's claims against the Defendants in their official capacities are barred by the Eleventh Amendment to the United States Constitution.

16. Alabama law provides tort and other remedies for the allegations made by the Plaintiff herein and such remedies are constitutionally adequate.

17. The Defendants plead the defense that at all times in treating Plaintiff they exercised the same degree of care, skill, and diligence as other physicians and nursing staff would have exercised under similar circumstances and that at no time did they act toward the Plaintiff with deliberate indifference to a serious medical need.

18. The Defendants plead the affirmative defense that the Plaintiff's Complaint fails to contain a detailed specification and factual description of the acts and omissions alleged to render him liable to the Plaintiff as required by § 6-5-551 of the Ala. Code (1993).

19. The Defendants plead the affirmative defenses of contributory negligence and assumption of the risk.

20. The Defendants plead the affirmative defense that Plaintiff's damages, if any, were the result of an independent, efficient, and/or intervening cause.

21. The Defendants plead the affirmative defense that they are not responsible for the policies and procedures of the Alabama Department of Corrections.

22. The Defendants plead the affirmative defense that the Plaintiff has failed to mitigate his own damages.

23. The Defendants plead the affirmative defense that they are not guilty of any conduct which would justify the imposition of punitive damages against them and that any such award would violate the United States Constitution.

24. The Defendants adopt and assert all defenses set forth in the Alabama Medical Liability Act § 6-5-481, et seq., and § 6-5-542, et seq.

25. The Plaintiff has failed to exhaust his administrative remedies as mandated by the Prison Litigation Reform Act amendment to 42 U.S.C. § 1997e(a). The Plaintiff has failed to pursue the administrative remedies available to him. See Cruz v. Jordan, 80 F. Supp. 2d 109 (S.D. N.Y. 1999) (claims concerning defendants' deliberate indifference to a medical need is an action "with respect to prison conditions" and is thus governed by exhaustion requirement).

26. The Prison Litigation Reform Act amendment to 42 U.S.C. § 1997(e)(c) mandates the dismissal of Plaintiff's claims herein as this action is frivolous, malicious, fails to state a claim upon which relief can be granted, or seeks money damages from the Defendants who are entitled to immunity.

27. The Plaintiff's claims are barred by the Prison Litigation Reform Act of 1995, 42 U.S.C. §1997(e).

28. The Plaintiff has failed to comply with 28 U.S.C. § 1915 with respect to the requirements and limitations inmates must follow in filing in forma pauperis actions in federal court.

29. Pursuant to 28 U.S.C. § 1915 A, this Court is requested to screen and dismiss this case, as soon as possible, either before or after docketing, as this case is frivolous or malicious, fails to state a claim upon which relief may be granted, or seeks money damages from the Defendants who are state officers entitled to immunity as provided for in 42 U.S.C. § 1997 (e)(c).

30. The Defendants assert that the Plaintiff's Complaint is frivolous and filed in bad faith solely for the purpose of harassment and intimidation and requests this Court pursuant to 42 U.S.C. § 1988 to award these Defendants reasonable attorney's fees and costs incurred in the defense of this case.

31. The Plaintiff's claims are moot because the events which underlie the controversy have been resolved. See Marie v. Nickels, 70 F., Supp. 2d 1252 (D. Kan. 1999).

IV. ARGUMENT

A court may dismiss a complaint for failure to state a claim if it is clear that no relief could be granted under any set of facts that could be proven consistent with the allegations in the complaint. Romero v. City of Clanton, 220 F. Supp. 2d 1313, 1315 (M.D. Ala., 2002), (citing, Hishon v. King & Spalding, 467 U.S. 69, 73, (1984)). "Procedures exist, including Federal Rule of Civil Procedure 7(a), or Rule 12(e), whereby the trial court may "protect the substance of qualified immunity," Shows v. Morgan, 40 F. Supp. 2d 1345, 1358 (M.D. Ala., 1999). A careful review of Cameron's medical records reveals that Cameron has been given appropriate medical treatment at all times. (See Exhibits "A" and "B"). All of the allegations contained within Cameron's Complaint are either inconsistent with his medical records, or are claims for which no relief may be granted. (Id.) Therefore, Cameron's claims against the Defendants are due to be dismissed.

In order to state a cognizable claim under the Eighth Amendment, Cameron must allege acts or omissions sufficiently harmful to evidence deliberate indifference to serious medical needs. See Estelle v. Gamble, 429 U.S. 97, 106 (U.S. 1976); McElligott v. Foley, 182 F.3d 1248, 1254 (11th Cir. 1999); Palermo v. Corr. Med. Servs., 148 F. Supp. 2d 1340, 1342 (S.D. Fla. 2001). In order to prevail, Cameron must allege and prove that he suffered from a serious medical need, that the Defendants were deliberately indifferent to his needs, and that he suffered harm due to deliberate indifference. See Marsh v. Butler County, 268 F.3d 1014, 1058 (11th Cir. 2001) and Palermo, 148 F. Supp. 2d at 1342. "Neither inadvertent failure to provide adequate

medical care nor a physician's negligence in diagnosing or treating a medical condition states a valid claim of medical mistreatment under the Eighth Amendment.” Id. (citations omitted).

Not every claim by a prisoner that medical treatment has been inadequate states an Eighth Amendment violation. Alleged negligent conduct with regard to inmates’ serious medical conditions does not rise to the level of a constitutional violation. Alleged medical malpractice does not become a constitutional violation merely because the alleged victim is a prisoner. See Estelle, 429 U.S. at 106, McElligott, 182 F.3d at 1254, Hill, 40 F.3d 1176, 1186 (11th Cir. 1994), Palermo, 148 F. Supp. 2d at 1342. Further, a mere difference of opinion between an inmate and the physician as to treatment and diagnosis cannot give rise to a cause of action under the Eighth Amendment. Estelle, 429 U.S. at 106-108.

The Defendants may only be liable if they had knowledge of Cameron’s medical condition, Hill, 40 F. 3d at 1191, and acted intentionally or recklessly to deny or delay access to his care, or to interfere with treatment once prescribed. Estelle, 429 U.S. at 104-105. Obviously, Cameron cannot carry his burden. The evidence submitted with this Special Report clearly shows that the Defendants did not act intentionally or recklessly to deny or delay medical care, or to interfere with any treatment which was prescribed or directed. The evidence demonstrates, to the contrary, that Cameron’s claims are without merit, that his medical conditions were at all times adequately and timely addressed, and that he was not denied any necessary medical treatment. (See Exhibits “A” & “B”). Appropriate standards of care were followed at all times. The evidence, in other words, shows without dispute that all of Plaintiff Cameron’s medical conditions were thoroughly evaluated, treated, and monitored in a timely and appropriate manner. (Id.) These facts clearly disprove any claim that the Defendants acted intentionally or recklessly to deny treatment or care. (Id.)

The Defendants are, further, entitled to qualified immunity from all claims asserted by Cameron in this action. There is no argument that the Defendants were not acting within the scope of their discretionary authority. See Eubanks v. Gerwen, 40 F. 3d 1157, 1160 (11th Cir. 1994); see also Jordan v. Doe, 38 F. 3d 1559, 1566 (11th Cir. 1994). Because the Defendants have demonstrated that they were acting with the scope of their discretionary authority, the burden shifts to Cameron to show that the Defendants violated clearly established law based upon objective standards. Eubanks, 40 F. 3d at 1160. The Eleventh Circuit requires that before the Defendants' actions can be said to have violated clearly established constitutional rights, Cameron must show that the right allegedly violated was clearly established in a fact-specific, particularized sense. Edwards v. Gilbert, 867 F.2d 1271, 1273 (11th Cir. 1989), aff'd in pertinent part, rev'd in part on other grounds, sub nom., Edwards v. Okaloosa County, 5 F. 3d 1431 (11th Cir. 1989).

The Eleventh Circuit further requires that the inquiry be fact specific, and that officials will be immune from suit if the law with respect to their actions was unclear at the time the cause of action arose, or if a reasonable person could have believed that their actions were lawful in light of clearly established law and information possessed by the individual. See Brescher v. Von Stein, 904 F.2d 572, 579 (11th Cir. 1990) (quoting, Anderson v. Creighton, 483 U.S. 635, 640, (U. S. 1987)). The question that must be asked is whether the state of the law in 2006 gave the Defendants fair warning that his alleged treatment of Cameron was unconstitutional. Hope v. Pelzer, 536 U.S. 730, 741 (U.S. 2002).

Therefore, to defeat summary judgment, Cameron must be able to point to cases with "materially similar" facts, within the Eleventh Circuit, that would alert the Defendants to the fact that this practice or policy violates his constitutional rights. See Hansen v. Soldenwagner, 19

F.3d 573, 576 (11th Cir. 1994). In order for qualified immunity to be defeated, preexisting law must “dictate, that is truly compel (not just suggest or allow or raise a question about), the conclusion for every like-situated, reasonable government agent that what the defendant is doing violates federal law in the circumstances.” Lassiter v. Alabama A & M Univ., Bd. of Trustees, 28 F. 3d 1146, 1151 (11th Cir. 1994). The Defendants submit that there is no case law from the United States Supreme Court, the Eleventh Circuit Court of Appeals, or District Courts sitting within the Eleventh Circuit showing that Cameron’s constitutional rights have been violated. All of Cameron’s medical needs have been addressed or treated. The Defendants have provided Cameron with appropriate medical care at all times. (See Exhibits “A” and “B”).

Finally, pursuant to the Court’s December 21, 2006 Order, the Defendants request that this Special Report be treated and denominated as a Motion to Dismiss and/or a Motion for Summary Judgment. The Defendants have demonstrated both through substantial evidence and appropriate precedent that there is not any genuine issue of material facts relating to a constitutional violation, and that they are, therefore, entitled to a judgment in their favor as a matter of law. The Plaintiff’s submissions clearly fail to meet his required burden.

V. CONCLUSION

The Plaintiff’s Complaint is due to be dismissed on its face, and is, further, disproven by the evidence now before the Court. All of the Plaintiff’s requests for relief are without merit. Accordingly, the Defendants request that this Honorable Court either dismiss the Plaintiff’s Complaint, with prejudice, or enter a judgment in their favor.

Respectfully submitted,

s/R. Brett Garrett

R. Brett Garrett (GAR085)

Attorney for Defendants PHS and Tahir
Siddiq, M.D.

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GARRETT, P.A.

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E-mail: bg@rsjg.com

CERTIFICATE OF SERVICE

I hereby certify that a copy of the above and foregoing has been electronically filed and served by U.S. Mail this the 28th day of February, 2007 to:

Jimmy Frank Cameron (AIS #105591)

Bullock Correctional Facility

P.O. Box 5107

Union Springs, AL 36089-5107

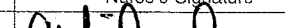



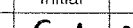



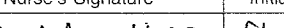

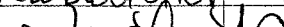

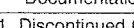
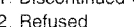
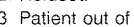

s/R. Brett Garrett

R. Brett Garrett (GAR085)

Attorney for Defendants PHS and Tahir
Siddiq, M.D.

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Fosamax 70mg PO QWL x 90dgs			
Nitrostat 650mg TID x 10day			
Diagnosis	Nurse's Signature	Initial	Nurse's Signature
Allergies	USMethuen	KS	Maita Jackson
Housing Unit:	P. Frayre LPN	RE	J. Hince RN
Patient ID Number:	O. Jameson PN	BE	BE
Patient Name:			
Date of Birth:			

Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes
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Patient ID Number: 105591					4 Charted in Error
Patient Name:					5 Lock Down
Cameron, Jimmv					6 Self Administered
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Facility Name: <u>Hamilton Aged & Infirm</u>		Month/Year of Charting: <u>09/06</u>																														
zantac 150MG Tab 60.00 Take 1 tablet(s) by mouth twice daily am	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	<i>9a 1 tablet by mouth</i> <i>8p 1 tablet by mouth</i> Start Date: <u>08-03-2006</u> Prescriber: <u>Tomescu, Octavian</u> Stop Date: <u>10-31-2006</u> RX #: <u>251792867</u>																															
	Tenormin 25MG Tab 30.00 Take 1 tablet(s) by mouth daily am	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
<i>9a 1 tablet by mouth</i> Start Date: <u>08-03-2006</u> Prescriber: <u>Tomescu, Octavian</u> Stop Date: <u>10-31-2006</u> RX #: <u>251792868</u>																																
Fosamax 70mg 1 po q week x 90 days am		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	<i>9a 1 tablet by mouth</i> Start Date: <u>8-23-06</u> Prescriber: <u>Sonnier</u> Stop Date: <u>11-23-06</u> RX #:																															
	maween 10 mg 1 po QD x 90 days am	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
<i>8p 1 tablet by mouth</i> Start Date: <u>8-28-06</u> Prescriber: <u>Sonnier</u> Stop Date: <u>11-28-06</u> RX #:																																
Zantac 150mg 1/2 po BID x 90 days		Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
	<i>9a 1/2 tablet by mouth</i> <i>8p 1/2 tablet by mouth</i> Start Date: <u>9/17/06</u> Prescriber: <u>McQueen</u> Stop Date: <u>12/17/06</u> RX #:																															
	Tenormin 25mg 1/2 po QD x 90 days	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
<i>9a 1/2 tablet by mouth</i> Start Date: <u>9/17/06</u> Prescriber: <u>McQueen</u> Stop Date: <u>12/17/06</u> RX #:																																
Diagnosis Allergies <u>NKA</u> Housing Unit: <u>Population</u> Patient ID Number: <u>105591</u> Patient Name: <u>Cameron, Jimmy</u>		Nurse's Signature <u>Amashum RN am</u> Initial <u>Am</u> Date of Birth: <u>2/15/48</u>		Nurse's Signature <u>Prille</u> Initial <u>Pr</u> Documentation Codes 1 Discontinued Order 2 Refused 3 Patient out of facility 4 Charted in Error 5 Lock Down 6 Self Administered 7 Medication out of Stock 8 Medication Held 9 No Show 10 Other																												

Facility Name:		Month/Year of Charting																													
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jasamat 70mg ÷ PO QWEEK X 90 days ma																															
	Start Date: 8-23-06															Prescriber: Sonner															
	Stop Date: 11-23-06															RX #:															
Mervacor 10mg ÷ p.o. QD X 90 days																															
	Start Date: 8/28/06															Prescriber: Sonner															
	Stop Date: 11/28/06															RX #:															
	Start Date:															Prescriber:															
	Stop Date:															RX #:															
	Start Date:															Prescriber:															
	Stop Date:															RX #:															
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	Stop Date:															RX #:															
	Start Date:															Prescriber:															
	Stop Date:															RX #:															
	Start Date:															Prescriber:															
	Stop Date:															RX #:															
Diagnosis	N/A																														
Allergies																															
Housing Unit:																															
Patient ID Number:	105591																														
Patient Name:																															
Nurse's Signature		M Anderson														Initial		MA													
Nurse's Signature		C. L. Deshpande														Initial		CD													
Documentation Codes		1. Discontinued Order 2. Refused 3. Patient out of facility 4. Charted in Error 5. Lock Down 6. Self Administered 7. Medication out of Stock 8. Medication Held 9. No Show 10. Other																													

Facility Name: Hamilton Aged & Infirmid												Month/Year of Charting: 08/06																			
Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
zantac 150MG Tab 60.00 Take 1 tablet(s) by mouth twice daily												9A Updated 8P Updated Start Date: 05-08-2006 Prescriber: Tomescu, Octavian Stop Date: 08-05-2006 RX #: 251489583																			
Atenolol 25MG Tab 30.00 Take 1 tablet(s) by mouth daily												9A Updated Start Date: 05-08-2006 Prescriber: Tomescu, Octavian Stop Date: 08-05-2006 RX #: 251489584																			
 Zantac 150mg \div PO BID X 90 days. 												 9A [scribbles] 8P [scribbles] Start Date: 8/1/06 Prescriber: Tomescu Stop Date: 11/1/06 RX #: 																			
 Tenormin 25mg \div PO QD X 90 days. 												 9A [scribbles] Start Date: 8/1/06 Prescriber: Tomescu Stop Date: 11/1/06 RX #: 																			
Ifinel #3 \div PO TID X 30 days												5A [scribbles] 9A [scribbles] 8P [scribbles] Start Date: 8-14-06 Prescriber: Mosen Stop Date: 9-14-06 RX #:																			
Baclofen 20mg \div PO TID X 30 days												5A [scribbles] 9A [scribbles] 8P [scribbles] Start Date: 8-14-06 Prescriber: Mosen Stop Date: 9-14-06 RX #:																			

Diagnosis	Nurse's Signature	Initial	Nurse's Signature	Initial	Documentation Codes
Ibuprofen	C. Jiles	CJ	[Signature]	[Initials]	1. Discontinued Order 2. Refused 3. Patient out of facility 4. Charted in Error 5. Lock Down 6. Self Administered 7. Medication out of Stock 8. Medication Held 9. No Show 10. Other
Housing Unit: Population	P. Sompus	PS	[Signature]	[Initials]	
Patient ID Number: 105591	C. Jiles	CJ	[Signature]	[Initials]	
Patient Name: Cameron, Jimmv					
			Date of Birth: 2/20/1950		

[illegible]

Diagnosis	Nurse's Signature		Initial	Nurse's Signature		Initial	Documentation Codes
Allergies	C. difficile		Cy	C. difficile		Cy	1 Discontinued Order
	I have the R		It	I have the R		It	2 Refused
Housing Unit:	Population	C. difficile		Ch	C. difficile		3 Patient out of facility
Patient ID Number:	105591	C. difficile		Ch	C. difficile		4 Charted in Error
Patient Name:	Cameron, Jimmy	C. difficile		Ch	C. difficile		5 Lock Down
		C. difficile		Ch	C. difficile		6 Self Administered
		C. difficile		Ch	C. difficile		7 Medication out of Stock
		C. difficile		Ch	C. difficile		8 Medication Held
		C. difficile		Ch	C. difficile		9 No Show
		C. difficile		Ch	C. difficile		10 Other



SPECIAL NEEDS COMMUNICATION FORM

Date: 8-30-06

To: ADOC - Jimmy Cammeron

From: HCU

Inmate Name: Jimmy Cammeron ID#: 154328

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

- Class I duty status -

- No Bottom Bunk Profile -

Date: 8-30-06 MD Signature: Sonnier / BPN Time: 8A



SPECIAL NEEDS COMMUNICATION FORM

Date: 10-26-06

To: DOC

From: HCU

Inmate Name: Cameron Jimmy ID#: 105591

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Key lock profile x 1 year.
10/26/06 → 10/26/07
due to poor vision.

Date: 10/26/06 MD Signature: Dr. [Signature] Time: 0900



SPECIAL NEEDS COMMUNICATION FORM

Date: 11/20/06

To: ADOC

From: PHS - Sullock Co. Correctional

Inmate Name: Cameron, Jimmy ID#: 105 591

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

① Lay in x 30 days d/t back pain.

start 11/20/06 — 12/20/06.

Date: 11/20/06 MD Signature: Dr. Siddig J. Hameed, MD Time: 0900



SPECIAL NEEDS COMMUNICATION FORM

Date: 11-9-06

To: Inmate - DOC

From: HCU - K Taylor, C

Inmate Name: Cameron, Jimmy ID#: 105591

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Double Mattress x 1yr. due to back
Pain. Start: 11-9-06 - Stop: 11-9-07

Date: 11/9/06 MD Signature: Dr. Siddig / K Taylor, C Time: 1500



SPECIAL NEEDS COMMUNICATION FORM

Date: 11/7/06

To: DOC @ BCCF

From: HEU @ BCCF / Scapling LPN

Inmate Name: Cameron Jimmy ID#: 105591

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Bottom Bed xlyr Start 11/7/06 → Stop 11/7/07

Lay in x10days Start 11/7/06 → 11/17/06

Date: 11/7/06 MD Signature: Michelle Scapling LPN Time: 0900



SPECIAL NEEDS COMMUNICATION FORM

Date: 11/7/06To: ADOCFrom: PHS - Pullock Co. CorrectionalInmate Name: Cameron, Jimmy ID#: 105591

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

① Bottom bed x 1 year. Start 11/7/06 - 11/7/07.

② Lay in x 10 days. start 11/7/06 - 11/17/06.

Date: 11/7/06 MD Signature: Dr. Siddig A. Huice, RN Time: 2:30p



PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Fourth Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Cameron, Jimmy #105591 1123167	DIAGNOSIS (If Chg'd) b/ul 650 fobd x 100
D.O.B. 12/30/48	
ALLERGIES: NKDA	
Use Third Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Cameron, Jimmy #105591 1111107	DIAGNOSIS (If Chg'd) ① ME x 200 ② b/ul 625 mg fobd x 100
D.O.B. 12/30/48	
ALLERGIES: NKDA	
Use Second Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Cameron, Jimmy #105591 11217	DIAGNOSIS b/ul 325 fobd x 100
D.O.B. / /	
ALLERGIES: 105591	
Use First Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED



PHYSICIANS' ORDERS

NAME: Cameron Jimmy D.O.B. 12/30/48 ALLERGIES: Aspirin Use Last Date 12/27/06	DIAGNOSIS (If Chg'd) pain pamelor 25 mg po qpm x 30d <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Cameron Jimmy D.O.B. 12/30/48 ALLERGIES: Ibuprofen Use Fourth Date 12/27/06	DIAGNOSIS (If Chg'd) Antifungal Cream top x 200 days p/b Dr Siddiq / B. B. B. <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Cameron Jimmy D.O.B. 12/30/48 ALLERGIES: Aspirin Use Third Date 11/27/06	DIAGNOSIS (If Chg'd) Amoxicillin II p/b Dr Siddiq / B. B. B. <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: DO D.O.B. 11/20/6 ALLERGIES: Aspirin Use Second Date / /	DIAGNOSIS (If Chg'd) Laxative x 30 days for Bowel re. <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Cameron Jimmy D.O.B. / / ALLERGIES: Aspirin Use First Date / /	DIAGNOSIS Adul 500 mg x 10d <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED



PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Fourth Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Third Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Cameron, Jimmy #105591	DIAGNOSIS (If Chg'd) H/O 400 for 4 x 100
D.O.B. 12/3/48	
ALLERGIES: PCN	
Use Second Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Cameron, Jimmy #105591	DIAGNOSIS Double Maltress x 100
D.O.B. 12/30/48	for Back Pain
ALLERGIES: PCN	
Use First Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED



PHYSICIANS' ORDERS

NAME: <i>[Signature]</i> D.O.B. <i>11/17/75</i> ALLERGIES: <i>[Signature]</i> Use Last Date <i>1/1</i>	DIAGNOSIS (If Chg'd) <i>3/ul 650 po bid x 10d</i> <i>2:30p</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: <i>[Signature]</i> D.O.B. <i>11/7/60</i> ALLERGIES: <i>[Signature]</i> Use Fourth Date <i>1/1</i>	DIAGNOSIS (If Chg'd) <i>Bottom Back 12hr</i> <i>lan on x 10 days</i> <i>2:30p</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: <i>Jimmy Cameron</i> D.O.B. <i>11/2/66</i> ALLERGIES: <i>[Signature]</i> Use Third Date <i>1/1</i>	DIAGNOSIS (If Chg'd) <i>HC Mevacor</i> <i>HC Elavil</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: <i>Jimmy Cameron</i> D.O.B. <i>11/2/66</i> ALLERGIES: <i>[Signature]</i> Use Second Date <i>1/1</i>	DIAGNOSIS (If Chg'd) <i>Hydrocodone 10/650 po bid x 70d</i> <i>HC Elavil</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: <i>Cameron Jimmy</i> D.O.B. <i>1055a1</i> ALLERGIES: <i>pen 11/6</i> Use First Date <i>1/10/06</i>	DIAGNOSIS <i>Mevacor 10mg po bid</i> <i>Zantac 150mg po bid</i> <i>Tenormin 25mg po bid</i> <i>TID on Sunday Wml</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED



PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Fourth Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Cameron Jimmy 105591	DIAGNOSIS (If Chg'd)
D.O.B. 12/30/48	
ALLERGIES: NKA	
Use Third Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Cameron Jimmy 105591	DIAGNOSIS (If Chg'd)
D.O.B. 12/30/48	key lock for due to x tr
ALLERGIES: NKA	for vision. He has his own key lock.
Use Second Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Cameron Jimmy 105591	DIAGNOSIS Bone Scan
D.O.B. / /	Biz level
ALLERGIES: NKA	ESR
Use First Date 10/11/06	TFT
	Elavil 25mg - po qhs x 30 days
	PPD
	2nd chan CNP
	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED



PHYSICIANS' ORDERS

NAME: Cameron, Jimmy 105591 D.O.B. 12/30/48 ALLERGIES: NKA Use Last Date 9/26/06 <i>Noted 9/26/06 11:40 AM</i>	DIAGNOSIS (If Chg'd) Resistant <i>Resistant</i> Vm along Integral for Chest CT <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Cameron, Jimmy 105591 D.O.B. 12/30/48 ALLERGIES: NKA Use Fourth Date 9/26/06 <i>Noted 9/26/06 11:40 AM</i>	DIAGNOSIS (If Chg'd) LBP L5-S6 Xray <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Cameron, Jimmy 105591 D.O.B. 12/30/48 ALLERGIES: NKA Use Third Date 9/17/06 <i>Noted 9/17/06 11:40 AM</i>	DIAGNOSIS (If Chg'd) Diazepam 150mg po BID x 90 days 2 Steroids 25mg po BID x 90 days <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Cameron, Jimmy 105591 D.O.B. 12/30/48 ALLERGIES: NKA Use Second Date 9/16/06 <i>Noted 9/16/06 11:40 AM</i>	DIAGNOSIS (If Chg'd) Persistent eosinophilia PPD "granulomas on CXR" CT scan of chest & contrast <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Cameron, Jimmy 105591 D.O.B. 12/30/48 ALLERGIES: NKA Date 8/28/06 <i>Noted 8/28/06 11:40 AM</i>	DIAGNOSIS Persistent eosinophilia, monocytosis, neutropenia Put Trichuriasis & Hookworm in miscellaneous section and write - in "already talked to referral Testing - Angie" <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED



PHYSICIANS' ORDERS

NAME: Cameron, Jimmy 105591 D.O.B. / / ALLERGIES: NDA Use Last Date 8/28/06	Perastat A Eosinophilia, Monocytosis DIAGNOSIS (If Chg'd) Neutropenia ① PCR for Ehrlichiosis 5ml whole blood # 138412 ② Strongyloides IgG Abs by ELISA 5ml serum # 815621 ③ Trichuriasis IgG Abs ELISA 5ml serum # 009985 ④ Hookworm IgG Abs ELISA 5ml serum # 009985 <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Cameron, Jimmy 105591 D.O.B. / / ALLERGIES: NKA Use Fourth Date 8/28/06	DIAGNOSIS (If Chg'd) Eosinophilia Total CK Tn <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Cameron, Jimmy 105591 D.O.B. / / ALLERGIES: NKA Use Third Date 8/28/06	DIAGNOSIS (If Chg'd) HTN ↓ 140/90-110/70 A/C L/C X R @ PPD 3/05 A/C L/C X R 10mg TPO Q day x 100 days KDP-2 T month Total CK Tn J Scan of Chest 3 contrast Vm dom Stool for OIP x 3 - Each 2 days apart <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Cameron, Jimmy 105591 D.O.B. / / ALLERGIES: NKA Use Second Date 8/23/06	DIAGNOSIS (If Chg'd) NO Bed side mesh D/C Tylenol #3 D/C B/A clo feng Rasa max 70mg Q week x 10 weeks DP-2, 141V <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Cameron, Jimmy 105591 D.O.B. / / ALLERGIES: NKA Use First Date 8/19/06	DIAGNOSIS ① Baclofen 20mg po TID R300 ② Tylenol 5 + po TID 1500 <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED



PHYSICIANS' ORDERS

NAME: Cameron, Jimmy # 105591 D.O.B. 12/30/48 ALLERGIES: NKA Use Last Date 8/1/06 <i>Noted 8/1/06</i> <i>C. [Signature]</i>	DIAGNOSIS (If Chg'd) 1) Zantac 150 mg ÷ PO BID X 90 days 2) Tenormin 25 mg ÷ PO QD X 90 days <i>Dr. [Signature] / C. [Signature]</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Cameron, Jimmy D.O.B. 6/15/06 ALLERGIES: <i>[Signature]</i> Use Fourth Date 6/2/06 <i>Noted 6/15/06</i> <i>5/30/06</i> <i>2/1/06</i>	DIAGNOSIS (If Chg'd) Eggcrate mattress <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Cameron, Jimmy D.O.B. 1/1/06 ALLERGIES: <i>[Signature]</i> Use Third Date 5/17/06 <i>Noted 5/17/06</i> <i>5/17/06</i> <i>2/1/06</i>	DIAGNOSIS (If Chg'd) <i>[Signature]</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Cameron, Jimmy D.O.B. 11/14/48 ALLERGIES: <i>[Signature]</i> Use Second Date 5/17/06 <i>Noted 5/17/06</i> <i>5/17/06</i> <i>2/1/06</i>	DIAGNOSIS (If Chg'd) 1) Halcin 750mg PO 7/1/06 1300 2) Metron 400mg PO 7/1/06 1300 <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Jimmy Cameron 105591 D.O.B. 12/30/48 ALLERGIES: NKA Use First Date 5/9/06 <i>Noted 5/9/06</i> <i>12/28/06</i> <i>B. [Signature]</i>	DIAGNOSIS 1) Fasting DP II - Urinalysis PSA ECG Hepatitis profile M600 400 mg x 14d Double pos on x 9d <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED



PHYSICIANS' ORDERS

NAME: Cameron Jimmy 105591 D.O.B. 12/30/48 ALLERGIES: Ibuprofen Use Last Date 5/5/06	DIAGNOSIS (If Chg'd) 1) Zantac 150mg - PO Bid x 90 days 2) Atenolol 25mg - PO qd x 90 days U.O. Dr. Jayanti / Hanger <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Cameron Jimmy 105591 D.O.B. 12/30/48 ALLERGIES: Use Fourth Date 3/29/06	DIAGNOSIS (If Chg'd) Renew Diet card - Double Portion x 90d AFC Bin x 21 days Rep <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Cameron Jimmy 105591 D.O.B. 12/30/48 ALLERGIES: Ibuprofen Use Third Date 3/22/06	DIAGNOSIS (If Chg'd) Aterolol 25mg. po. QD x 180 Days U.O. Dr. Rayanti / Cgondok <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Cameron Jimmy D.O.B. 12/30/48 ALLERGIES: Use Second Date 2/22/06	DIAGNOSIS (If Chg'd) Renew Kop as appropriate noted 2/22/06 <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Cameron Jimmy 105591 D.O.B. 12/30/48 ALLERGIES: Ibuprofen Use First Date 2/18/06	DIAGNOSIS 1) Medical Records from free world - 2) AC. Aspirin - 3) Zantac 150mg P.O. Bid x 90d <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED

MEDICAL RECORDS COPY



PRISON
HEALTH
SERVICES
INCORPORATED

PROGRESS NOTES

Camero, Jimmy
105591

Date/Time	Inmate's Name:	D.O.B.:
1/2/7	S) Back Pain	/ /
	<p>Acute Back Pain</p> <p>OTC use</p> <p>HT 7 compression fracture old.</p> <p>Healed</p> <p>no neurologic deficits</p> <p>A Ch Back Pain</p> <p>will start in the PM</p>	
1/11/07	<p>S) Here for Back Pain & numbness</p> <p>no hx</p> <p>as m</p> <p>app cell</p> <p>brado 88</p> <p>Acute low back pain 2° old healed</p> <p>compression fracture</p> <p>Along Back Pain</p> <p>will give 2nd 600 mg pka x 1000 N AK</p>	



PRISON
HEALTH
SERVICES
INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.: / /
11/16/06	SI Bode PC	
	by Mail PC	
	no abuse	
	Hurt m	
	by Reti	
	by well for Bode	
11/20/06	SI GORD Bode PC	
	by He Hurt his back &	
	has T12-L1 compression	
	fracture causing PC	
	no neurological S/S	
	sp tension bar used	
	4 Bode PC	
	1 well 9 Adipolay: End 11/20/06	
12/29/06	56640 WM c/o burning pain	
1130	back bump (see above) - the weavers cannot	
	take NSAIDz & relief a head	
	AD foot	
	1 pulses of edema redness or heat	
	1 pain	
	1 T12-L1 fx	
	1 trial 2 TCA	
	1 m...	



PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.: / /
11/17/06	<p> & Back Pain & Chronic Pain PTH - Ht 3' 7" wgt 6' 10" Haled </p> <p> A Back Pain I will get back to work & feel better (Sgt) Double Metoprolol per C </p>	
11/16/06	<p> 87 Chronic Pain 87 Chronic Pain & Shoulder Spine surgery for C6 - C7 App will get that done for Chronic arthritis </p>	

Date/Time	Inmate's Name:	D.O.B.: / /
10/11/00	S - (L) foot burning - O - A to x3 - no acute distress - & erythema or edema P - pedal pulse < 2 sec cap refill A - Back pain - neuropathy P - consulted MD - orders rec'd.	
10/11/00 SM	S - Medig Keyloch popl 9 He already has a Keyloch SM will give Keyloch popl <u>SM</u>	Hidden Chap
10/21/00	S - low Back PC Q Chronic Back PC no operators DSD	
	* Arthritis - DSD P will give Percipin 600 x 100	
11/2/00	S - Chronic Back PC Q Compression fractures. Healed no neural damage XRay shows DSD - Hyp C	
	A/B Back PC P will give Tylenol but we deliver to take it - TBS -	

Date/Time	Inmate's Name:	D.O.B.: / /
5/8/06	<p>L thoracotomy scar well healed (OSW chest)</p> <p>RRR no M</p> <p>Abd soft non tender</p> <p>No circumscribed stigmata</p> <p>LE - no C/C/E</p> <p>Pup old compression / as T & L wt loss? decrease</p> <p>(CT abd soft WNL) LT</p>	
6/12/	<p>S: back pain low & high</p> <p>pain full hip area - doesn't want surgery LT</p>	
8/14/10	<p>S: Still 40 Back/neck/leg</p> <p>D: 1/6 films show progressive spine degeneration</p> <p>Aj Cervical</p> <p>D. trial Back/leg</p>	

Date/Time	Inmate's Name:	D.O.B.: / /
3-29-06	<p>Wt. 154 P 72 T96⁸ B/p 116/80 R20 basat 97%</p> <p>1/6 Knot on back 57 w/m c do of Knot on back</p> <p>Saw m/s for evaluation 3/8/06 cypst identified as</p> <p>Fibrous/Sebaceous 1cm size 4x of compressed acanthosis</p> <p>to spine reprinted by TM from 1985 refused Flexion/ASA</p> <p>NAD USS AAOX3 @ N/U @ S.B X-ray 1/06</p> <p>NAD - MS: Slight Bulging of mid T7 T8 T11</p> <p>thorax Post @ Knt to pulp compression 7x</p> <p>Small cypst to @ mid scapular noted</p> <p>area meas 1cm ± tend to pulp noted</p> <p>SLR @ B.1</p>	
A	<p>LBP - chronic 2° to trauma</p> <p>Small cypst to back</p>	
P/E	<p>Flexion 10mg Tpo tid - Pt refused Rx for back</p> <p>cont to use of back exercises cont current med tx</p> <p>Plan renew Diet - Double Return X 3 months</p> <p>Avoid heavy lifting & sports activity</p> <p>cont to BB Profile for safety</p> <p>RTZ Prow cont to monitor cypst for growth</p> <p>Haylaur</p>	
4-27-06	<p>Wt. 156 P 74 T97⁸ B/p 140/88 R20 basat 95%</p> <p>C/O back Pain</p>	

Date/Time	Inmate's Name:	D.O.B.:
2-8-06	Wt. 150 POC T96 ⁸ C/O meds renewal	B/p 128/70 R20 02 Sat 97%
(O)	<p>" Needs for Zantac "</p> <p>pain spine - can't specify location. (Smiles-in between)</p> <p>" hurts inside my back - "</p> <p>AXOX3 - like to Argue -</p> <p>Undressed - removed shoes, untied laces to col shoe laces systematically - dressed back with NO problem -</p> <p>Breathing well. NO discomfort - HEENT unremarkable</p> <p>neck - Supple - Chest - NT - CTA - AB - Normal CV - NSR -</p> <p>intercostal muscle NT - NO Swelling</p> <p>Abd. NT - Soft -</p> <p>Thoracic Spine - prominent - mild - NT -</p> <p>Flexion 90° ROM. + 90°</p> <p>Straight leg raising 90° Bil.</p> <p>no sensory or motor deficit</p> <p>Neuro other like normal</p> <p>old scar left chest area - Could the causing feeling of Tightness of Loin on that Side</p>	
(A)	<p>H/O PUA</p> <p>OA - mild Thoracic Spine -</p> <p>2 old vertebral fractures</p> <p>no evidence of any free flare up. or Radiculopathy</p>	
P)	<p>Try to Explain - That there is no severe pain as evidenced by Medical assessment - but Inmate gets into Argument - He is here mainly for Zantac</p>	
(E)	<p>moist heat/ Topical Bengay as needed -</p> <p>and Exercises of both shoulders and back. as instructed R</p>	



PROGRESS NOTES

Date/Time	Inmate's Name	105591	D.O.B.: 12 130 148
1-10-06	Wt. 148 P 78 T 96.8 B/p 118/20 R 20		
	EX		
	<p>o) XR - Reviewed - Exaggerating Symptoms NT Thoracic vertebrae Status - in pain prominent - Smiled at the same time other neuro exam and P/E - unchanged - H/S - unchanged - (A) to old vertebral # worse - ?</p>		
	<p>p) more XR Eval. and appropriate Referrals as needed -</p>		
	<p>(E) most best Wt. Status Mdrn WORK? but record shows No Allergic to - Refused percocet - Compl. pain Tylenol — does not work Prefers Bengay — h</p>		

Date/Time	Inmate's Name:	D.O.B.:
010506	Cameron, Jimmy	12/30/48
	WT. 157 BP. 138/82, T. 96° P. 78 R. 24 O ₂ 96	
	5) Mid back to L chest pain (posterior)	
	a) gaining wt -	
	Axxox3	
	HZEENT Normal	
	? Walks slowly -	
	Lung CTA	
	CV-NSR - Abd Benign	
	Thoracic-L5 spine-MT	
	No Red Nods -	
	SxT & ECR -	
	Numb-Cerebellar. Coord. good -	
	RTT. Symmetrical	CV - Normal -
	NO motor sensory deficit	Babinski Reflex pos - neg
	No Significant Muscle atrophy bil -	
	Smiles (inclusion)	
	motor - strength - normal -	
	(A) Thoracic Spondylosis	
	Radiculopathy -	
	P) XR -	
	no any widening of vertebral # and any associated OA.	
	(E) Cont - optimum Exer x Back Exercise	
	R	



PRISON
HEALTH
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PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
12-27-05	wt 150, ht 20, 07 Sat 97, P 938, B/P 120/60 T 98.6, pain all over, constipation	12/30/48
	<p>2) Abd. Soft NT</p> <p>AS - Normal Aitch</p> <p>Spine - NT →</p> <p>Lungs CTR</p> <p>CN - NSR</p> <p>Other Exam Normal</p> <p>(A) Extremely Malnourished</p> <p>has Stebb Spontaneous</p> <p>(P) Exercise as Tolerated</p> <p>(E) approaching 1/2 wt →</p> <p>with 2 double portions and 1/2</p> <p>Just to Satisfy him</p> <p>Inmate Seeking all kinds of pills →</p> <p>Should not be encouraged</p> <p>R</p>	

Date/Time	Inmate's Name:	D.O.B.:
1-20-06	Camelon, Jimmy	12/30/48
1200	WT-150# Bp-110/60 T-97.0 P-72 R-16	
	Inmate is Comfortable -	Visible
	* does not seem to be in any pain	at all
	manipulative, trying to exploit the system	
a)	Extremely beyond reason and need -	
	Threaten me and intimidate all the time	
	in law suits in Federal Court.	
	during discussion	
	Suddenly became hostile and left the clinic	
	without my consent or approval	
	Threatened to sue ✓	
(A)	has Thoracic Spondylosis Chronic	
	2° old vertebral fractures not worsening -	
p)	If further Eval - reveals any need for	
	pain management will do appropriately	
	as needed	
(E)	mt. need to comply with	for



PRISON
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PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
1/27/06	Cameron, Jimmy #105591	12/30/48
	Wt. 153 1/2 B/P 100/80, P 60 R 18 T 97.4	
	C/O Pain	
	<p>(C) NO - NO Swelling - of Thoracic Spine - Rom. fairly normal - but difficult - to assess since Mr. non-coop and malingering is common - in this inmate Wants lay in bed, movement helps - He doesn't have any work - has bottom bunk.</p> <p>Walking slowly - but Gait normal - Knees and arms - Rom. NL - Ext & Ece - Gained some weight</p> <p>(A) Thoracic Spondylosis Stable -</p> <p>(P) & Mr. Refuses N Saws - (That is good) Wants morphine but Contraindicated</p> <p>(E) Exercises - as Tolerated - and Bengay - w/u - do - for the time being will appropriate appropriately If condn. changes -</p>	



PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.:
3/9/06	Wt. 154# B/P 120/70, P68 R18 T98 Cameron, Jimmy Rectal / back pain R	/ /
	<p>a) here for Annual Rectal Exam - Smiling at officer - HEENT - ϕ Lungs, CTA - CV - NSR - Abd benign</p> <p>M/S- NT Thoracic spine - has 1 cm - subQ chronic nodule firm - seems fibrotic or sebaceous Cyst - no A in L32 - (R) Lower Thoracic area - Rising Straight leg 90° Btl No motor or sensory deficit Other Exam - no gross changes</p> <p>(A) old vertebral fracture - stable No flare up of Radiculopathy etc</p> <p>(P) Exercises - as before flexion, hyperd, Mr. said he does not need No change in Const Cond. - stable</p> <p>(E) BAB / Reg. Exercise as Tolerate</p>	

ALABAMA DEPARTMENT OF CORRECTIONS

PROBLEM LIST

INMATE NAME Cameron, Jimmy AIS# 105591Medication Allergies: EthupropinMedical: Chronic (Long-Term) Problems
Roman Numerals for Medical/SurgicalMental Health Code SMH HARM HIST NONE
Capital Letter for Psychiatric BehaviorSB, MD. 7/28/05
MH-D 5/8/06 /cc

Date Identified	Chronic Medical Problem	Mental Health Code	Date Resolved	Provider Initials
3-18-05	PPD- ϕ mm			
6/15/05	PUD -			SR.
7/28/05	MH code Δ HIST			SB, MD.
4/28/06	Therapeutic Sandy box			R/H/D
5/9/06	HTN			
-u-	GERD?			
-u-	Compression on T ₂ T ₇	T ₈ T ₁₁ L ₁		
-u-	HEMIGLOSSECTOMY FOR Adeno Ca			
-u-	HEP C ϕ -excluded 6/2/04			
-u-	Multiple subcut lipomas DERMAT			
1/10/06	Osteopenia Vertebral bodies			

**If Asthmatic label: Mild - Moderate - or Severe.

Lung Cancer - Hemiglossectomy

10/26/06

Name: Cameron, Jimmy
 AIS# 105 591-A
 Date of Birth: 12/30 / 48

Medication Allergies: Sulphaphen

Mental Health Code: SMI HARM HIST NONE Date Code Assigned: 6/7/02
(Changes in Mental Health Code should be identified on the Problem List)

[illegible]

PROBLEM LIST

Name

Cameron, Jimmy

ID#

10559

D.O.B.

12-10-48

Medication Allergies

Algorithmen (GPnet)

[illegible]



PRISON HEALTH SERVICES, INC.

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I, Jimmy Cameron, hereby authorize Prison Health Services, Inc. (PHS) to release
(Name of Patient - Print)

all medical records and all information related to my treatment to:

Attorney Brett Garrett
Rushon, Stakely, Johnson & Garrett
PO Box 270
Montgomery, AL 36101-0270

This authorization extends to all records in the possession of PHS, including those which it has received from other providers, and including, if they exist, those relating to treatment for drug or alcohol abuse, mental health treatment; testing as to HIV status, treatment for HIV or Acquired Immune Deficiency Syndrome (AIDS), or other diseases or conditions.

This authorization is effective immediately and shall remain in effect for ninety (90) days.

I agree to hold harmless PHS and its agents from any actions and from all liability regarding the release of these records. I agree to pay reasonable charges of \$0.25 (25 cents) per page for copies of the requested records with a minimum charge of not less than \$10.00. PHS will contact me or the above reference party at _____ with the exact charges and those charges will be paid by

(Phone Number)

certified check or money order before the records are released.

Jimmy Frank Cameron
Name (print)

12/11/06
Date

Jimmy F. Cameron
(Signature of Patient (or Parent or Legal Guardian if appropriate))

12/11/06
Date

Brandee Player, HSA
Witness (Print)

[Signature]
Witness (Signature)

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
TREATMENT PLAN: OUTPATIENT CARE**

Treatment Plan Initiated on: 4/28/05 Treatment Coordinator: Ms. Peter MHP

Inmate's Housing Location: _____ Institution: VCF

DSM IV Diagnosis:

Axis I: Anxiety Disorder

Axis II: No diagnosis on Axis II

Axis III: Problems with shoulders & neck → car accident

Axis IV: Incarceration

Axis V: 65

Problem #1	
Goal:	<u>Inmate reports feeling anxious frequently</u>
Target Date for Resolution:	<u>Will reduce anxiety by maintaining 100% with meds</u>
Intervention:	<u>MHP will provide supportive counseling once per month</u> <u>Nurse will monitor compliance with medication, Psy will evaluate</u>
Staff Member Responsible:	<u>MHP, Nurse, Psy</u> Frequency: <u>ongoing every 3 months</u>

Problem #2	
Goal:	
Target Date for Resolution:	
Intervention:	
Staff Member Responsible:	Frequency:

Problem #3	
Goal:	
Target Date for Resolution:	
Intervention:	
Staff Member Responsible:	Frequency:

Second Page attached: Yes ☐ No ☒

Treatment Team Members

Psychiatrist: Dr. Cameron, M.D. Date: 4/28/05
Mental Health Nurse: W. Harris, L.P.N. Date: 04/28/05
Treatment Coordinator: Ms. Peter MHP Date: 4/28/05

Inmate Agreement: Jimmy Cameron Date: 4/28/05
Treatment Plan Review to be Conducted by: _____ (within six months)

Inmate Name	<u>Cameron, Jimmy</u>	AIS #	<u>105591</u>
-------------	-----------------------	-------	---------------

ALDOC Form 463-01
Page ____ of ____

Name: Cameron, Jimmy DOB: 12/30/78 AIS#: 105591 R/S WM

PATIENT HISTORY

Date of Diagnosis: 5/9/06
 Current Meds: Lisin 25 mg qd
 Diet/exercise history: Low Sodium Compliant? Yes ☐ No ☒
 Risk factors (check all that apply)
 Family History ☐ Smoker ☐ Diabetes ☐ Alcoholism ☐ Drug Abuse ☐ Obesity ☐ CHF ☐ Hyperlipidemia ☐ Renal Disease ☐

VARIABLE	Date (initial exam)	Date	Date
BP/Weight/Pulse	<u>138/64/74</u>		
CP	<u>no</u>		
Exertional Dyspnea	<u>no</u>		
Orthopnea	<u>no</u>		
Fundi exam annually	<u>yes</u>		
General Appearance	<u>Healthy</u>		
Heart	<u>Reg WNL</u>		
JVD/Carotid Bruits	<u>no</u>		
Lungs	<u>clear</u>		
Abdomen	<u>no distended</u>		
Periph. Pulses/edema	<u>perp 1+</u>		

LABS	Date	Date	Date
BMP per MD/NP order	<u>9/29/06</u>		
DPII annually	<u>4/29/06</u>		
UA Dipstick (on-site)	<u>3/7/06</u>		
EKG	<u>8/28/06</u>		
CXR	<u>8/28/06</u>		
Disease Control	Good/Fair/Poor Improved/Worsened	Good/Fair/Poor Improved/Worsened	Good/Fair/Poor Improved/Worsened

PLAN	Date	Date	Date
Patient Edu/Training	<u>11/27/06</u>		
Completed Master Problem Sheet	<u>yes</u>		
Next F/U	<u>2/20/07</u>		
Signature	<u>[Signature]</u>		

SHORT TERM GOALS	LONG TERM GOALS
1.	1.
2.	2.

Comments: E: Instructed on the need for compliance w/ meds; Exercise and diet

[Handwritten signature]

Q 3-6 months

Name: Cameron, Jimmy DOB: 12/30/48 AIS#: 105591 R/S WM

PATIENT HISTORYDate of Hep-C Antibody Positivity: 5/9/06Current Meds: N/A Compliant? Yes No

Risk factors (check all that apply)

IVDA Alcoholism Tattoos Transfusions

VARIABLE	Date (initial exam)	Date	Date
BP/Pulse/RR/T/Wgt	12/30/05 174		
Drowsiness/Weakness	NO	/	/
Nausea/vomiting	NO	/	/
Abd pain/swelling	NO	/	/
Blood in stool	NO	/	/
General Appearance	Healthy		
Icterus/Spiders	NO	/	/
Mental Status/Asterixis	Alert X13	/	/
Heart	Reg WNL		
Lung	Clear		
Liver/Ascites	non palpable	/	/
Edema	None noted	/	/

LABS

Date

Date

Date

INR			
DPII per protocol	9/29/06		
Abd US	N/A		
Liver Biopsy/Genotype	N/A	/	/
Fe/TIBC/Ferritin		/	/
Hep BsAg/Hep C VL		/	/
Disease Control	Good/Fair/Poor Improved/Worsened	Good/Fair/Poor Improved/Worsened	Good/Fair/Poor Improved/Worsened

PLAN

Date

Date

Date

Hep B Vaccination	NO		
Patient Edu/Training	11/27/06		
Completed Master Problem Sheet	yes		
Next F/U	2/2/07		
Signature			

SHORT TERM GOALS**LONG TERM GOALS**

1

1

2

2

Comments:

E Instructed on g/s to report

Jimmy Cameron

PRISON HEALTH SERVICES

Physician's Chronic Care Clinic

Date: 8-22-06 Time: 17:10/pm Facility: San A + TCheck all applicable CIC's being evaluated: ☒ Card/HTN ☐ DM ☐ GI ☐ ID ☐ PUL ☐ SZ ☐ TBSUBJECTIVE: Back pain972003OBJECTIVE: BP 128/62 HR 67 RR 20 Temp 96.8 Wt 171 Peak Flow _____

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

A+Ox3; No acute distress;HEENT - WNL -Ref: CV: RRR & murmur, & edema to 1 ext., & pedal pulses
lungs: ClearASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's Visit. Degree of Control: G=Good, F=Fair, P=Poor
Status: I=Improved, S=Stable, W=Worsened

DM			HTN/CARD			SZ			PUL			ID			GI			OTHER		
Degree of Control			Degree of Control			Degree of Control			Degree of Control			Degree of Control			Degree of Control			Degree of Control		
G	F	P	G	F	P	G	F	P	G	F	P	G	F	P	G	F	P	G	F	P
Status			Status			Status			Status			Status			Status			Status		
I	S	W	I	S	W	I	S	W	I	S	W	I	S	W	I	S	W	I	S	W

PLAN: Cont. NG Rx; Saw MD on 8/14 for back pain.Inst. on 1 na diet & exercise for HTN - to see MDon sick call for back pain if no better labs nextF/U: Routine 90 days: ☒ Other ☐Problem List Updated: Yes ☒ No ☐ 17801Stidham CRNP

Physician/NP/PA

Cameron Jimmy
NAMEMale
GENDERW
RACE105591

AIS#

12-30-48

DOB

PATIENT NAME		ID NUMBER	DATE	FACILITY				
Cameron, Jimmy		105591	6/2/06	Hamilton				
Step 1	Patient is positive for the Hepatitis C virus. (Quantitative HCV obtained.) <input type="checkbox"/> Patient given Schering-Plough or Pegasys "Medication Guide," as appropriate. <input type="checkbox"/> Provider educates patient on Hepatitis C infection and treatment. The education has been documented. PROVIDER SIGNATURE: _____ DATE: _____							
Step 2	Initiate eligibility process <input type="checkbox"/> Patient signed Informed Consent or refusal for determining eligibility for Interferon/Ribavirin treatment. <input type="checkbox"/> Obtain labs as required to determine eligibility. (If no other absolute exclusion criteria are present.) PROVIDER SIGNATURE: _____ DATE: _____							
Step 3	<table border="1"> <thead> <tr> <th>Absolute Exclusion Criteria*</th> <th>Relative Exclusion Criteria **</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Age ≤ 18. <input type="checkbox"/> Remaining incarceration time ≤ 36 months. <input type="checkbox"/> Presence of a mental health diagnosis that has <u>not</u> been cleared by psychiatrist. <input type="checkbox"/> History of solid organ transplant. <input type="checkbox"/> Presence or history of an autoimmune disorder. <input type="checkbox"/> Presence or history of decompensated cirrhosis, ascites or encephalopathy (albumin ≤ 3.2 gm/dl, bilirubin > 3.0 gm/dl). <input type="checkbox"/> CBC results outside acceptable limits (Hgb ≤ 12 females, ≤ 13 for males; WBC $> 3,000$; ANC $1,500$ & platelets $\leq 100,000$/mm). <input type="checkbox"/> Creatinine ≥ 1.7 or creatinine clearance ≤ 50 ml/minute <input type="checkbox"/> Patients with uncontrolled diabetes HgbA1C ≥ 8.0 <input checked="" type="checkbox"/> Persistently normal ALT (≤ 2.0 times normal at 0, 3 and 6 months). <input type="checkbox"/> Positive pregnancy test. * No further evaluation should be completed once an absolute exclusion criterion is identified. The patient should be followed in a chronic care clinic at least every 90 days. </td> <td> <input type="checkbox"/> Age ≥ 60. <input type="checkbox"/> $< 80\%$ compliance with clinic visits and medication. <input type="checkbox"/> Alcohol and illicit drug use within one year. <input type="checkbox"/> Presence of non-hepatic disease such as coronary artery disease, unstable angina, CHF, pulmonary disease, poorly controlled seizure disorder or malignant neoplasm. <input type="checkbox"/> Abnormal TSH. <input type="checkbox"/> Ferritin/TIBC $\geq 50\%$ (iron overload). <input type="checkbox"/> HIV positive. <input type="checkbox"/> Abnormal INR. <input type="checkbox"/> Interferon/Ribavirin sensitivity. <input type="checkbox"/> Life expectancy < 10 years. **The provider is required to review relative exclusion criteria with the Regional Medical Director prior to proceeding with further evaluation. </td> </tr> </tbody> </table>				Absolute Exclusion Criteria*	Relative Exclusion Criteria **	<input type="checkbox"/> Age ≤ 18 . <input type="checkbox"/> Remaining incarceration time ≤ 36 months. <input type="checkbox"/> Presence of a mental health diagnosis that has <u>not</u> been cleared by psychiatrist. <input type="checkbox"/> History of solid organ transplant. <input type="checkbox"/> Presence or history of an autoimmune disorder. <input type="checkbox"/> Presence or history of decompensated cirrhosis, ascites or encephalopathy (albumin ≤ 3.2 gm/dl, bilirubin > 3.0 gm/dl). <input type="checkbox"/> CBC results outside acceptable limits (Hgb ≤ 12 females, ≤ 13 for males; WBC $> 3,000$; ANC $1,500$ & platelets $\leq 100,000$ /mm). <input type="checkbox"/> Creatinine ≥ 1.7 or creatinine clearance ≤ 50 ml/minute <input type="checkbox"/> Patients with uncontrolled diabetes HgbA1C ≥ 8.0 <input checked="" type="checkbox"/> Persistently normal ALT (≤ 2.0 times normal at 0, 3 and 6 months). <input type="checkbox"/> Positive pregnancy test. * No further evaluation should be completed once an absolute exclusion criterion is identified. The patient should be followed in a chronic care clinic at least every 90 days.	<input type="checkbox"/> Age ≥ 60 . <input type="checkbox"/> $< 80\%$ compliance with clinic visits and medication. <input type="checkbox"/> Alcohol and illicit drug use within one year. <input type="checkbox"/> Presence of non-hepatic disease such as coronary artery disease, unstable angina, CHF, pulmonary disease, poorly controlled seizure disorder or malignant neoplasm. <input type="checkbox"/> Abnormal TSH. <input type="checkbox"/> Ferritin/TIBC $\geq 50\%$ (iron overload). <input type="checkbox"/> HIV positive. <input type="checkbox"/> Abnormal INR. <input type="checkbox"/> Interferon/Ribavirin sensitivity. <input type="checkbox"/> Life expectancy < 10 years. **The provider is required to review relative exclusion criteria with the Regional Medical Director prior to proceeding with further evaluation.
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Step 4	Non-Formulary Request for Genotype Testing <input type="checkbox"/> Obtain HCV genotype. Provider submits Non-formulary Lab Request form with a copy of this form to the Regional Medical Director. Approval must be received prior to ordering tests. STAFF SIGNATURE: _____ DATE: _____							
Step 5	Risk Stratification and Treatment Options <input type="checkbox"/> Provider reviews test results with patient to determine risk stratifications and therapeutic options. <input type="checkbox"/> Provider submits an Outpatient RMD Consultation form for a liver biopsy, if indicated, with a copy of this form to the Regional Medical Director. Approval must be received prior to scheduling the biopsy. PROVIDER SIGNATURE: _____ DATE: _____							
Step 6	Initiation of Treatment <input type="checkbox"/> Final eligibility determination completed. Liver biopsy results have been reviewed with the Regional Medical Director. <input type="checkbox"/> Provider reviews Schering-Plough or Pegasys "Medication Guide" with the patient and provides education on Interferon/Ribavirin treatment. <input type="checkbox"/> Patient signs informed consent for Interferon/Ribavirin treatment, a second time. <input type="checkbox"/> Provider completes Formulary Exception Request form and orders medication treatment. PROVIDER SIGNATURE: _____ DATE: _____							
Step 7	Safety and Efficacy Monitoring <input type="checkbox"/> Provider orders appropriate hematological and biochemical testing as necessary and a HCV RNA-qualitative assay six months after treatment to assess sustained virologic response. PROVIDER SIGNATURE: _____ DATE: _____							

Cameron Jimmy 105591

lose 10 lbs. by Jan. 21st FREE REGISTRATION eDiets

Height: 5' 4" Weight: [] Goal: []

Attention: Physicist

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Health Guide A-Z

Health Topics | Symptoms | Medical Tests | Wellness | Support Organizations

High Blood Pressure (Hypertension)

What Happens

Blood pressure normally rises as you get older. This normal increase occurs more quickly in people who have high blood pressure.^{3, 4}

Untreated high blood pressure can damage the delicate lining of the blood vessels. Once damaged, fat and calcium can easily build up along the artery wall, forming a **plaque**. The blood vessel becomes narrowed and stiff (atherosclerosis), and blood flow through the blood vessel is reduced. Over time, decreased blood flow to certain organs in the body can cause damage leading to:

- Heart disease, heart attack, and heart failure.
- Kidney (renal) failure.
- Peripheral vascular disease.
- Retinopathy.
- Stroke.

In addition, men who have high **systolic** blood pressure during middle age (50s to 60s) may show a greater decline in mental ability later in life (after age 75) than men who do not have high blood pressure earlier in life. Short-term memory and attention span are most affected.⁵

healthwise®

Topic Overview

CauseSymptoms→ What HappensWhat Increases Your RiskWhen to Call a DoctorExams and TestsTreatment OverviewPreventionHome TreatmentMedicationsSurgeryOther TreatmentHealth ToolsOther Places to Get HelpRelated TopicsReferencesCredits

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http://my.webmd.com/content/healthwise/8/2031

12/16/2002

Jimmy Cameron

7-8-06

AMashburn

PRISON HEALTH SERVICES

Physician's Chronic Care Clinic

Date: 5-17-06 Time: 950A Facility: HATCheck all applicable CIC's being evaluated: ☒ Card/HTN ☐ DM ☐ GI ☐ ID ☐ PUL ☐ SZ ☐ TBSUBJECTIVE: 10 C/C GERD & W&A, 11/1/69 1 C/C B11OBJECTIVE: BP 117/69 HR 64 RR 16 Temp 96.8 Wt 162 Peak Flow _____

NOTE: PE findings for CIC patients should be disease-specific and focused on prevention of end-organ Complications: DM-eye ground, skin, cardiopulmonary, extremities; HTN/Card-eye grounds, Cardiopulmonary, abdomen, extremities; ID-all systems; PUL-HEENT, Cardiopulmonary, A/P ratio; SZ-HEENT, neurological; GI-abdomen.

COLSR iSEM
lungs clear
Ex heart & edema
ABP & kidneyASSESSMENT: Circle the appropriate Degree of Control and Status for each clinic monitored during today's Visit. Degree of Control: G=Good, F=Fair, P=Poor
Status: I=Improved, S=Stable, W=Worsened

DM	HTN/CARD	SZ	PUL	ID	GI	OTHER
Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control	Degree of Control
G F P	G F P	G F P	G F P	G F P	G F P	G F P
Status	Status	Status	Status	Status	Status	Status
I S W	I S W	I S W	I S W	I S W	I S W	I S W

PLAN: ① Restart Gerdol
② Noxal / Met 1/30F/U: Routine 90 days: 90 Other _____Problem List Updated: Yes No

Physician/NP/PA

Cameron Jimmy

NAME

male

GENDER

white

RACE

105591

AIS#

12-30-48

DOB

DEPARTMENT OF CORRECTIONS
PHYSICIAN'S
CHRONIC CARE CLINIC
SPECIAL NEEDS

DATE	TIME		DATE ORDERED	TIME ORDERED	
		S: 30 DAY CHRONIC CARE CLINIC			ALLERGIES
		O: VS T P R			
		BP WT			
		REVIEW OF NURSES CCC RECORD			
		YES NO			
		NOTES			
					P: LABS
					ORDERS:
					MEDICATION:
					Zantac 150mg BID
					Levastatin 20mg qd
					F/U CCC WITH NURSE EVERY ____ DAYS.
					F/U CCC WITH MD EVERY ____ DAYS.
					SIGNATURE:
		EDUCATION DONE			
		YES NO			

INMATE NAME	D.O.B.	AGE	RACE/SEX	ID #
Cameron, Jimmy	105591	55	WM	105591

[illegible]

NAME	AIS	INST	DOB	AGE	R/S	YEAR
Cameron, Jimmy	105 S91	Stetson	12/30/48	55	WM	2006
DATE	3/19/04					

1. Appetite	Good					
2. Abdominal pain (qualify)	NO					
Abdominal pain (location)	NO					
Abdominal pain (time curve)	NO					
3. BM's (frequency)	Normal					
BM's (quality)						
4. Upper or lower blood	NO					
5. Vomiting	NO					
6. Aggravating medications	None					
7. Smoking	None					

1. BP / pulse	124/76 75					
2. Temperature	97.6					
3. Respiratory rate	20					
4. Weight	177					
5. Abd. tenderness (severity)	NO					
Abd. tenderness (location)	NO					
Abd. appearance	Soft					
6. Edema	NO					
7. Jaundice	NO					

1. WBC, het						
2. Amylase						
3. SGOT, SGPT						
4. Alk. phos. / bili						
5. EGD						
6. Other						

Medication compliance						
Total time on H2 blockers						
Education and counseling						

Date		
1. Abd. tenderness		
2. Liver/ spleen / mass		
3. Jaundice		
4. Rectal / Hemocult		
5. Edema		



PRISON
HEALTH
SERVICES
INCORPORATED

Special Diet Request

Inmate's Name: Cameron, Jimmy Date: 5/9/06
Housing Location: _____
Type of Diet: Regular
Start Date: 5/9/06 Stop Date: 8/9/06
Special Instructions (if needed): Double Portions X 90 days
per MD order.

Date Requested: 5/9/06 Signature: Dr. Tomeser / B. Bruce Jr.

60130 (10/89)

(White - Kitchen Copy, Yellow - Patient File Copy)



DEPARTMENT OF CORRECTIONS

KITCHEN CLEARANCE
PHYSICAL ASSESSMENTANY OPEN SORES OR RASHES ON
HANDS, ARMS, FACE & NECK

YES

NO

☐☒

TB TEST CURRENT

☐☐5/5/06 *JP*DOES PT. SHOW ANY OBVIOUS
SIGNS OF ANY OTHER DISEASE☐☒

OTHER

(Hep C)

THIS PATIENT HAS BEEN INFORMED OF THE NEED FOR THE FOLLOWING:

PROPER HANDWASHING, NOT TO HANDLE FOOD WHILE SICK, SEEK MEDICAL
EVALUATION WHEN NECESSARY AND TO NOTIFY THE DIETARY SERVICES SHIFT
SUPERVISOR OF ANY ILLNESS.

MEDICAL AUTHORITY: _____

DATE: _____

I attest that the above statement is true to the best of my knowledge.

PATIENT SIGNATURE: *Jimmy Cameron*DATE: *5-5-06*

EXPIRATION DATE: _____

INMATE NAME (LAST, FIRST, MIDDLE) <i>Cameron Jimmy</i>	DOC# <i>1055911</i>	DOB <i>12/30/48</i>	Race/Sex <i>W/M</i>	FAC <i>Ham Arl</i>
---	------------------------	------------------------	------------------------	---------------------------

ORAL SCREENING

PAIN/DISCOMFORT

CONDITION OF TEETH: POOR FAIR GOOD

CONDITION OF GUMS: POOR HEALTHY

FALSE TEETH: PARTIAL PLATE UPPER LOWER

ORAL HYGEINE INSTRUCTIONS GIVEN: yes

IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) Cameron Theatis
LAST FIRST MI

DATE OF BIRTH 10-29-27 SS# 204560

Housing Recommendations:

General Population _____
Medical Observation Unit _____
Lower Level/Lower Bunk _____
Suicide Precautions _____
Special Watch (15 Minute Checks) _____
Isolation _____
Initiate Universal Precautions _____

① Doxycycline
100mg p.o. BID
x 2 weeks
pill call
3am & 3pm

Individual found to be:

Frail/Elderly _____
Physically Handicapped _____
Developmentally Disabled _____
Drug/Alcohol Withdrawal _____
Special Mental Health Needs _____
Expressed Suicidal Ideation _____
History of Seizures _____
Other _____

② See Dr. Bya
@ 8:00 am 4-11-06
F/u

Specify _____

Nurse A. M. [Signature] Date 3-27-06

Theatis Cameron



PRISON HEALTH SERVICES, INC.

YEARLY HEALTH EVALUATION

I. HISTORY – (LPN or RN) YES NO COMMENT(S)

Weight Change (greater 15 lbs.) ☒ ☐ usual wt. 180
(Compare Weight Below) Last weight at least 6 months ago

Persistent Cough ☐ ☒ ☐

Chest Pain ☐ ☒ ☐

Blood in Urine or Stool ☒ ☐ occasional blood in stool

Difficult Urination ☒ ☐ Hard to start

Other Illnesses (Details) ☒ ☐ constant pain in back.

Smoke, Dip or Chew ☐ ☒ ☐

ALLERGIES ☐ ☒ NKDA

Weight 152 Temp 96.8 Height 5'9 Pulse 67 Resp 20 Blood Pressure 110/70 02 sat 97%
If greater than > 140/90, repeat in 1 hour.
Eye Exam: 20/300D 20/25 OS 20/25 OU Refer to M.D. if remains > 140/90.

II. TESTING – (LPN or RN) RESULTS

Tuberculin Skin Test (q yr) Finger stick blood sugar 94
Date given 3-7-06 Site 2 fore arm
Read on 3-9-06 Results 7 mm

Past Positive TB Skin Test → Survey Completed
(Chest x-ray if clinical symptoms) Date 2005 Results Not Reactive Non Reactor
RPR (q 3 yrs) Date 2005 Results 2005
EKG (baseline at 35, over 45 q 3 yrs) 2005
Cholesterol (at 35 then q 5 yrs) 2005
Tetanus/Diphtheria (q 10 yrs) Last Given 2005 Due 2015
(if done today) Site given Dose Lot #
Optometry Exam (@ 50 if not already seen) Date N/A Results
Mammogram (females @ 40, q 2 yrs/other M.D. order) Date Results

III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)

Class 1 2 (3) 4 5 Restrictions Obs due to MVA

Heart RPR

Lungs lung sound clear bil

Breast Exam DRS WNL peripneumal self exam

Rectal (yearly after 45) Results Normal

with Hemocult Results Normal prostate Exam OB neg

Pelvic and PAP (q 1 yr) Date N/A Results

Facility UCF Nurse Signature Date 3-27-06

M.D. or Mid-Level Signature Date 3/9/06

INMATE NAME	AIS#	D.O.B.	RACE/SEX
Cameron, Jimmy	105591	12/30/48	W/M

IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT) Cameron, Jimmy
LAST FIRST MI
DATE OF BIRTH 12/30/48 SS# 105591

Housing Recommendations:

General Population / Apply moist
Medical Observation Unit / heat to the
Lower Level/Lower Bunk / affected area
Suicide Precautions /
Special Watch (15 Minute Checks) / 10 minutes daily
Isolation /
Initiate Universal Precautions / X 90 days
1/20/06 → 4/20/06

Individual found to be:

Frail/Elderly / Continue back
Physically Handicapped / exercises daily
Developmentally Disabled /
Drug/Alcohol Withdrawal / X 90 days
Special Mental Health Needs / 1/20/06 → 4/20/06
Expressed Suicidal Ideation /
History of Seizures /
Other /

Specify _____

Nurse T. Starks, Lpn Date 1-20-06

Jimmy Cameron

IDENTIFICATION OF SPECIAL NEEDS

NAME (PLEASE PRINT)

LAST

FIRST

MI

DATE OF BIRTH

SS#

Housing Recommendations:

General Population

Medical Observation Unit

Lower Level/Lower Bunk

Suicide Precautions

Special Watch (15 Minute Checks)

Isolation

Initiate Universal Precautions

Individual found to be:

Frail/Elderly

Physically Handicapped

Developmentally Disabled

Drug/Alcohol Withdrawal

Special Mental Health Needs

Expressed Suicidal Ideation

History of Seizures

Other

Specify

Nurse

Date

Reference: ADOC AR: 604, 613, 614, 616, 622, 623, 627, 634,
ADOC Form MH-04

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
PSYCHIATRIC PROGRESS NOTES

DATE: 7/28/05	TIME:
Target Symptoms	Behavioral Rating Scale 0=No problem 5= worst
cc Nerves	Today vs Before
Depressed mood	0/0
Pain in shoulders	0/0
Anxiety/Worry	0/3
Feelings of nervousness	0/0
Medications:	Informed Consent
Meds have been DC'd since 4/19/05.	
Compliance: Inmate report	% vs MAR
% I'm doing well clinically.	

In addition to the information in the tables above and below, then inmate-patient:

S cc I am doing good without taking any medicines since April. I have no problem. I don't feel anxious no more. Side effects: Rebounds & other s/s of mood anxiety or thought d/o. 0 thoughts to hurt himself or anyone else. Voices no other issues or concerns at this time. Atox3, Speech: WNL Mood: euthymic, Affect: Appropriate, Thought Process: logical

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis	✓		Judgment: Fair, Insight: F
Serious Depression	✓		φ s/s of psychosis, φ ST, φ HT, φ HA, φ delusion
Self-Injurious Thoughts	✓		φ s/s of anxiety or depression noted.
Suicidal intent	✓		Denies
Aggressive	✓		Denies
Seriously Impulsive	✓		None noted
Situational Upset	✓		None noted

Lab info:

Labs Ordered:

Labs Reviewed:

ADMS

None at this time from mental health.

ASSESSMENT/Diagnosis (DSM-IV)

Anxiety D/O NOS (ix of)

PLAN: I'm clinically. Doing well without being on any psychotropic medications for more than three months. Exhibits φ s/s or signs of mental illness at this time. Discussed & Tx plan to change his mental health code to RTC PRN. Return to clinic: DR. BANERJEE, MD. Sign: Banerjee, MD.

Patient's Name: (Last, First, Middle)	Age	R/S	Code	Institution
Cameron Jimmy	56	N/M	HIST	Ventron
Disposition: Medical File	AIS #			
	105591			

Discussed Tx plan c Im. He understands and agrees c Tx plan. RTC on PRN basis at this time.

ADOC AR 632, 633, 623, 615
ADOC Form MH-025 March 2, 2005

seek mental health help as soon as he feel the need for it

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
PSYCHIATRIC PROGRESS NOTES

DATE: <u>4/19/05</u>	TIME:	
Target Symptoms	Behavioral Rating Scale 0=No problem 5= worst	Today vs Before
<u>"Nerves"</u>		<u>0/4</u>
<u>Depressed mood</u>		<u>0/3</u>
<u>Pain in shoulders</u>		<u>3/4</u>
<u>Anxiety / Worry</u>		<u>0-0</u>
<u>Feelings of nervousness</u>		<u>0-0</u>
Medications:	<u>Vistaril</u>	Informed Consent
Compliance: Inmate report <u>100%</u> % vs MAR <u>100%</u> %		<u>✓</u>

In addition to the information in the tables above and below, then inmate-patient:

S "I am doing okay. I have lot of medical problem which gives me anxiety. It gets on my nerves. I don't need no medicines no more." Refusing to take any psychotropic meds. Denies of any other Sx's of mood, anxiety or thought d/o. & thoughts to hurt himself or anyone else. Voices no other issues

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis	<u>✓</u>		<u>φ Sx's of psychosis noted</u>
Serious Depression	<u>✓</u>		<u>Sx's of anxiety improved</u>
Self-Injurious Thoughts	<u>✓</u>		<u>Denies</u>
Suicidal intent	<u>✓</u>		<u>Denies</u>
Aggressive	<u>✓</u>		<u>None noted</u>
Seriously Impulsive	<u>✓</u>		<u>None noted</u>
Situational Upset	<u>✓</u>		<u>None noted</u>

Lab info: None from mental health. Labs Ordered: _____ Labs Reviewed: _____ AIMS:?

ASSESSMENT/Diagnosis (DSM-IV)
Anxiety D/O NOS (hx of)

PLAN: Im clinically stable. Exhibits φ Sx's or signs of anxiety at this time. Refusing all psychotropic meds. At this present. Will d/c Vistaril by tapering the dose. Discussed to plan c Im. He understands.

Return to clinic: RTC 90 days / Print Last Name: DR. BANERJEE / Sign: SBanerjee, MD / agree

Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
<u>Cameron Jimmy</u>	<u>105591</u>	<u>56</u>	<u>W/M</u>	<u>SMI</u>	<u>Centron</u>

Disposition: Medical File

ADOC AR 632, 633, 623,615
ADOC Form MH-025 March 2, 2005

will be followed up c counseling c MAP. RTC in 90 days

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
PSYCHIATRIC PROGRESS NOTES

DATE: <u>3/28/05</u>		TIME: <u>1:40 pm.</u>	
Target Symptoms		Behavioral Rating Scale 0=No problem 5= worst	
		Today vs Before	
"NERVES"			4/5
DEP. Mood			3 1/2/5
Anx			4/5
Medications: <u>VISTARIL 50mg BID</u>		Informed Consent	
Compliance: Inmate report _____ % vs MAR _____ %			


In addition to the information in the tables above and below, then inmate-patient:

<u>S</u>	do Dizziness - even when I'm home Insom
	VISTARIL - "RESTING A LITTLE BETTER."
Side effects:	
<u>0</u>	Still looks s/w Anxious

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis	✓		LOGICAL / calm enough.
Serious Depression	✓		
Self-Injurious Thoughts	✓		
Suicidal intent	✓		✓
Aggressive	✓		
Seriously Impulsive	✓		
Situational Upset	✓		wondered about his siblings.

Lab info:	Labs Ordered: _____	Labs Reviewed: <u>—</u>	AIMS: ? _____
-----------	---------------------	-------------------------	---------------

<u>ASSESSMENT</u> /Diagnosis (DSM-IV)	Anx Dis / severe Insom
	Dep. r.
<u>PLAN:</u>	CONTINUE VISTARIL 50mg B.I.D. x 45 DM

Return to clinic: 2 weeks Print Last Name: BEECHAN Sign: 

Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
<u>Cameron, Jimmy</u>	<u>05591</u>	<u>56</u>	<u>w/h</u>	<u>SMI</u>	<u>KCR</u>

Disposition: Medical File

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
PSYCHIATRIC PROGRESS NOTES

D-7 (P.C.)

DATE: 3/22/05 TIME: 3:00 pm

Target Symptoms	Behavioral Rating Scale 0=No problem 5= worst	Today vs/Before	
	Nervous	4/5	4/5
	Dep. Mood	3 1/2/5	4 1/5
	Pain	4/5	3 1/5
P.R.O.			
Medications: Lithium - detox substance x 10 days		Informed Consent	
Compliance: Inmate report % vs MAR %			

In addition to the information in the tables above and below, then inmate-patient:

S

Side effects:

0 No signs/sx of withdrawal. 4/5 Dizziness / cannot stand & eyes closed. Has speech is almost slurred! But lucid / calm in presentation

Selected Issues	NO	YES	If yes, comment on pertinent positive findings
Psychosis		<input checked="" type="checkbox"/>	
Serious Depression		<input checked="" type="checkbox"/>	
Self-Injurious Thoughts	<input checked="" type="checkbox"/>		
Suicidal intent	<input checked="" type="checkbox"/>		
Aggressive	<input checked="" type="checkbox"/>		
Seriously Impulsive		?	Instable
Situational Upset			

Lab info:

Labs Ordered:

Labs Reviewed: ☒

AIMS:?

ASSESSMENT/Diagnosis (DSM-IV) M + Dis / chronic pain
ASPD. (+) HEP.C

PLAN: D/C Lithium
Give Valium 50mg BID.

Return to clinic: Mon 3/28 Print Last Name: BEECHAN

Sign: 

Patient's Name: (Last, First, Middle)	AIS #	Age	R/S	Code	Institution
CAMERON, Jimmy	105591	56	W/H	SMI	KCP

Disposition: Medical File

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Cameron, Jimmy	105591	56	W/M	VCF

II. DISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
7/21/05		<p>S- Jim states that he will begin Dual Dx soon. He reports that the relaxation technique has been somewhat helpful when he uses it, and state that the exercises we talked about (ie- walking) have been the most helpful in helping him manage his pain + anxiety. He also reports sleeping better. Jim states he is expecting to be released soon due to the ferry law . . . and are already done almost 15 yrs so I should hear something from the judge any day now. " Jim states that he does not want/intend to be around the people or the places that he was put to his incarceration. His plans for community re-entry were discussed. Jim is optimistic about leaving but understands that this may not happen as quickly as he expects. He has housing arrangements.</p> <p>O- Jim presents as judicious at times and exhibits speech and thought WNL. He is alert and oriented x3.</p> <p>A- Jim is clinically stable and appears to be effectively managing his anxiety + pain in a positive manner.</p> <p>P- Continue monthly F/U's</p>	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
CAMERON, JIMMY	105591	56	W/M	VCF

T. M. T. M.
M. T.

F-61

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
4/25/05		<p>Counseling Session</p> <p>J. Inmate Cameron stated this is his first ^{fourth} time in prison. I/M reported that he feels anxious. I/M is compliant w/ medication, but medication has been discontinued due to feeling ill when taking it. I/M reported various medical complaints - was shot in neck & was in a car accident (fractured his shoulders). I/M stated that he is ^{was} married to a sixteen year old girl over ^{over} twenty years ago & has four children by other women.</p> <p>O - Talkative, Oriented x 2, Cooperative A - Anxious P - Next session is scheduled ^{error} scheduled in one month. A. Peters, MHT</p>	
4/28/05		<p>I'm seen in tx team meeting. Reviewed and discussed tx plan w/ im. He understands and agrees w/ tx plan. Continue care.</p> <p>SBanerjee, MD</p>	
5/17/05	10:30 am	<p>Monthly individual contact</p> <p>5-monthly individual contact I/M Cameron reported "Feeling noticeably alright physically not doing well". I/M denies feeling depressed at the time and is not suicidal/homicidal. He also denies auditory/visual hallucinations. I/M denies experiencing any delirium or problems at the time. I/M is currently taking no psychotropic medication.</p>	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Cameron, Jimmy	105591	56	W/M	VCT

* See manual for selections and numbers for "other"

PSYCHOLOGICAL INTERVIEW/DATA ENTRY FORM
Page 2Name: LarmonIII. Substance Abuse (continued)

c. Current use _____

d. Current addiction _____

Other* (Specify): _____ 1. _____ 2. _____ 3. _____ 4. ✓ 5. _____ 6. _____ 7. _____ 8. _____IV. Emotional Status

a. No significant problems _____

b. Depressed _____

c. Anxious or stressful _____

d. Angry or resentful _____

e. Confusion or psychotic symptoms _____

f. Mood disturbances _____

g. Sexual maladjustment Subsiding - 1976.History of sex offenses? Yes No

h. Paranoid ideation _____

i. Sleep/appetite disorder _____

Other* (Specify): _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. ✓ 7. _____ 8. _____ 9. _____
(See Copy) _____Emotional response to incarceration: Min 6-14 hrs.V. Mental Deficiency

_____ a. Mild	_____ d. Borderline
_____ b. Moderate	_____ e. Organic impairment suspected
_____ c. Severe	_____ f. Memory deficit

Remarks: 10-9-82History of cerebral trauma or seizures? Yes No

* See manual for selections and numbers for "other"

PSYCHOLOGICAL INTERVIEW/DATA ENTRY FORM

Page 3

Name: CameronMental Health History

- a. Outpatient treatment (dates/where) _____
- b. Inpatient treatment (dates/where) _____
- + c. Psychotropic medication (type/effectiveness) ? meds. Do doesn't remember.
- d. Family history of mental illness _____

VI. Management Problems

- a. Suicide potential Ideation? Yes No Plans? Yes No
History of attempts/gestures _____
- b. Serious mental illness (specify) _____
- c. Impulsive /acting out behaviors predicted _____
- d. Authority conflict _____
- e. Manipulative/untrustworthy _____
- f. Easily victimized _____
- g. Escape potential _____
- h. Assaultiveness _____

History of expressively violent behavior? Yes No

Other* (Specify) 1. 2. 3. 4. 5. 6. 7. 8. 9.
(See Copy) Multiple rule 90 violations (10) Do not use.

VII. Educational Needs

 a. ABE b. Special Education c. Trade School d. Junior College

VIII. Mental Health Needs

- | | | |
|---|---|---|
| <u> </u> A. Refer to psychiatrist | <u> </u> E. Sexual adjustment | <u> </u> I. Self-concept enhancement |
| <u> </u> B. Substance abuse counseling | <u> </u> F. Reality therapy | <u> </u> J. Healthy use of leisure |
| <u> </u> C. Depression | <u> </u> G. Anger-induced acting out | <u> </u> K. Personal development |
| <u> </u> D. Stress management | <u> </u> H. Values clarification | |

RECOMMENDATIONS/REMARKS: Parole Viol. Was out 7 months
Needs mental diagnosis / Br. check.

MENTAL HEALTH CODE:

SMI

HARM

HIST

NONE

Evaluation Completed by: W. B. PringleDate: 3/29/05

* See manual for selections and numbers for "other"

ALABAMA DEPARTMENT OF CORRECTIONS
INMATE ORIENTATION TO MENTAL HEALTH SERVICES

The Alabama Department of Corrections provides the following mental health services:

- Assessment and treatment of mental illness
- Referral to a psychiatrist, if necessary for medication
- On-going psychiatric treatment
- Group and individual counseling
- Assistance in dealing with stressful problems (adjustment to prisons, grief and loss, family problems)
- Crisis intervention
- Residential mental health treatment and hospitalization, if necessary

If you wish to speak with mental health staff about routine matters such as scheduling for group or individual counseling, send in a Health Services Request form.

In emergency situations or if you have concerns that need to be addressed immediately, contact any correctional officer so that you may receive mental health assistance as soon as possible.

Your participation in mental health services is voluntary except in emergency situations or when you have been provided due process through administrative review.

If you believe the mental health services provided to you are inadequate, you may file an inmate grievance.

Information about the mental health services provided to you is confidential except in the situations when mental health staff believe that you may be:

- Suicidal
- Homicidal
- Presenting a clear danger of injury to self or others
- Presenting a reasonable clear risk of escape or creation of institutional disorder
- Receiving Psychotropic medication
- Requiring movement to a special unit or cell for observation and treatment
- Requiring transfer to a psychiatric hospital outside of the prison
- Requiring a new program assignment for mental health reasons

Mental health staff has a legal duty to report to appropriate authorities any unreported suspected abuse or neglect of a child.

Mental health and medical staff will have access your mental health records when completing their duties. The following persons may have access to your mental health records on a need to know basis:

- Warden of the institution or designee
- Internal investigation staff and legal counsel working with the ADOC
- Departmental and accrediting audit staff
- Persons authorized by a court order or judgment

All other persons or agencies require an authorization for release of information signed by you before gaining access to your mental health records.

This information on this form has been explained to me and I have received a copy of the information for my future reference.


Inmate Signature

CAMERON, Jimmy

1055915
AIS #

3-14-05
Date Signed

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES

PSYCHIATRIC EVALUATION

Referred by:

☒ Admission to Institution ☐ Mental Health Staff ☐ Medical Staff ☐ Other _____

Reason for Referral (Presenting Problem):

NEW ADM. TO KILBY C.F. 3/14/05 INCAR. - 7 WKS

CH - BORG.

S - PM. VIOL / ?? GIRLFRIEND

NOW IN P.C. / AN ENEMY ? / SUICIDE ?

Psychiatric History (inpatient/outpatient/dates of treatment/medications prescribed):

IN PRISON - 4 JAIL - LAST YEAR - KLODIN, XMAK.

WAS ON VALIUM 100 T.I.D., NEUROLOGIST - TIL JAIL, THEN KLODIN

TY B.I.D.

NOW C/O FEELING THOUGHTS ARE RACING, NERVOUS,
RESTLESS, ? FRUITABLE. DENIES FEELING SUICIDE.

Pertinent Medical History (allergies):

RX - METOPROLOL BID, VALIUM 100 T.I.D., NEUROLOGIST - CHG. PAIN

ALLERGIES - NEXAVIN, KLODIN T.B.W, ZINAC - CERO

HEAD INJ - MVA - COMA X 6 MOS. | ANDROM MVA '91 - FX KLS.

SEIZURES - X1

Substance Abuse History:

ETOH - LL, POT - VTRUD, NEVER ADDICTED X CIGARETTES

NO TX - X S.A.P.

Pertinent Personal/Family History (inmate's sentence):

DISABILITY STARTS - '82
FX BOTH SHOULDERS / chronic pain
FX THORAX VERTEBRAL.

DN X 2

LIVING - ALONE + GIRLFRIEND
OFF + ON

SCHOOL - 9 WKS.

WORK - MONTHLY

Institutional Adjustment (current placement):

PRIOR - '91 - at BORG - S = LIFE (VMS OFFERED) - OUT 5/04

'72 at BORG - S = DID 14+ WKS - OUT '72

'67 at " S = DID 40 MOS.

JV - X

Inmate Name	Page 1 of 2
CAMERON, Jimmy	AIS # 105591

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
PSYCHIATRIC EVALUATION

Mental Status Examination:

Appearance and Behavior: ALERT, WELL ORIENTED, APPROPRIATE
Mood and Affect: STABLE IN MOOD
Speech and Language: WNL "NERVES" 4/5
Thought Process: WNL DEP. MOOD 4+/5
Thought Content and Perceptions: WNL PAIN (NOW) 3+/5
Cognitive Assessment/Memory: WNL
Insight/Judgement: WNL
Sleep/Appetite: INTACT

Suicide/Violence Risk Assessment:

Past Suicidal Ideation/Attempts (dates and methods):
CUT WRISTS IN JAIL / PRISON, SUPERFICIALLY - 3-4 TIMES
LAST - '86
Current Suicidal Ideation and Behavior:
DENIES.

Past Violent/Assaultive Behavior:
HIS STABBED 2-3 PERSONS, IN PRISON, LAST ± 78
Current Violent/Assaultive Ideas/Behavior:
DENIES ANY KNOWLEDGE OF A SPECIFIC ENEMY.

Diagnostic Impression

Axis I: ~~ANXIETY DIS~~ DIS, NOS / POLY SUBST. DEP - CURRENTLY DEPENDENT
Axis II: ~~ANXIETY DIS~~ DIS, NOS - ANXIETY
Axis III: ~~PHOBIA~~ PHOBIA - HORROR INT, + MULTIPLE FX / CURRENT PAIN
Axis IV: MULTIPLE FRACTURES
Axis V: 50-55

Treatment Recommendations (including medications/labs ordered/special housing)

~~DOES NOT NOW REQUIRE~~ SUICIDE / SELF-HARM PRECAUTIONS
NO - LIBRIUM 250mg AM + 500mg ITS x 2 DAYS
" " 250 " 250 ITS x 3 " DETOX
250 ITS x 5 DAYS.

Mental Health Code:

SMI

HARM

HIST

NONE

Psychiatric Follow-Up Required Within: Days

2 DAYS

Psychiatrist Signature

Date

3/15/05

Inmate Name

CAMERON, Jimmy

AIS #

105591

Page 2 of 2

Dr. Paul Beecham
MHM Correctional Services

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
REFERRAL TO MENTAL HEALTH

Inmate Name: Cameron, Jimmy AIS# _____ Date of Referral: 105591

REASON FOR REFERRAL:

☐ CRISIS INTERVENTION

- ☐ Family problem: _____
☐ Problems with other inmates: _____
☐ Recent stress: _____
☐ Other: _____

☐ EVALUATION OF MENTAL STATUS

- | | | |
|--|---------------------------------------|---|
| <input checked="" type="checkbox"/> Suicidal | <input type="checkbox"/> Anxious | <input type="checkbox"/> Physical complaints |
| <input type="checkbox"/> Homicidal | <input type="checkbox"/> Depressed | <input type="checkbox"/> Sleep disturbance |
| <input type="checkbox"/> Mutilative | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Hallucinations/delusions |
| <input type="checkbox"/> Hostile, angry | <input type="checkbox"/> Poor hygiene | <input type="checkbox"/> Suspicious |
| <input type="checkbox"/> Other inappropriate behavior: _____ | | |

☐ EVALUATION OF NEED FOR PSYCHIATRIC EVALUATION

☐ HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO RECEPTION/TRANSFER

☐ OTHER: _____

COMMENTS: Stated "yes" to thoughts of suicide this pm

Referred by: [Signature] Phone Contact #: 691
☐ Referral for psychiatrist (referral has been screened by mental health or medical staff)

MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

Follow-Up by: _____

Date: _____

Inmate Name	AIS #
-------------	-------

Mental Health P&P # 30
Page 6 of 9

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
REFERRAL TO MENTAL HEALTH

Inmate Name: Amerson, Danny AIS# 1055915 Date of Referral: 3-14-05

REASON FOR REFERRAL:

☐ CRISIS INTERVENTION

- ☐ Family problem: _____
☐ Problems with other inmates: _____
☐ Recent stress: _____
☐ Other: _____

☐ EVALUATION OF MENTAL STATUS

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Suicidal | <input type="checkbox"/> Anxious | <input type="checkbox"/> Physical complaints |
| <input type="checkbox"/> Homicidal | <input type="checkbox"/> Depressed | <input type="checkbox"/> Sleep disturbance |
| <input type="checkbox"/> Mutilative | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Hallucinations/delusions |
| <input type="checkbox"/> Hostile, angry | <input type="checkbox"/> Poor hygiene | <input type="checkbox"/> Suspicious |
| <input type="checkbox"/> Other inappropriate behavior: <u>Memory deficits</u> | | |

☒ EVALUATION OF NEED FOR PSYCHIATRIC EVALUATION

☒ HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO RECEPTION/TRANSFER

☐ OTHER: _____

COMMENTS: Inmate needs help on MH Meds for Anxiety. Denies being suicidal or homicidal at this time.

Referred by: A. Henderson Phone Contact #: 684

☐ Referral for psychiatrist (referral has been screened by mental health or medical staff)

MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

Emerson, M. H. BVM 3/15/05

Follow-Up by: <u>MBB</u>	Date: <u>3/15/05</u>
Inmate Name: <u>Amerson, Danny</u>	AIS # <u>1055915</u>

**ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
RECEPTION MENTAL HEALTH SCREENING**

Institution: KILBYDate/Time Inmate Received: 3-14-05Date/Time of Screening: 3-14-05Signature/Title of Screener: Ms. L. Henderson LPN**MENTAL HEALTH TREATMENT PRIOR TO ENTERING THE ADOC**

- ☒ Yes ☐ No Psychotropic medication: 8 months ago 3-13-05
☒ Yes ☐ No Medication turned over to ADOC upon arrival?
☒ Yes ☐ No Mental health follow-up in last 90 days:
☒ Yes ☐ No Suicide/self-harm attempts in last 90 days:

MENTAL HEALTH HISTORY Does inmate report a history of the following (if yes, provide details):

- ☒ Yes ☐ No Outpatient treatment: Anxiety - Jan 05
☒ Yes ☐ No Inpatient treatment: 3 - Can't remember
☒ Yes ☐ No Psychotropic medication: Valium
☒ Yes ☐ No Suicidal attempts:
☒ Yes ☐ No Suicidal thoughts: Left a girl 4-604 (1982)
☒ Yes ☐ No Head injury:
☒ Yes ☐ No Seizures:
☒ Yes ☐ No Violent behavior:
☒ Yes ☐ No Substance abuse: Can't remember
☒ Yes ☐ No Substance abuse treatment:
☒ Yes ☐ No Special education classes: 9th grade to 10th

INMATE SELF-REPORT OF CURRENT STATUS

- ☒ Yes ☐ No First incarceration (reaction): Got 5 "Shake it"
☒ Yes ☐ No Reports family support: Sister
☒ Yes ☐ No Reports serious depression/remorse:
☒ Yes ☐ No Thinking about suicide:
☒ Yes ☐ No Has plan for suicide:
☒ Yes ☐ No Possible to implement plan:
☒ Yes ☐ No Reports hallucinations:

BEHAVIORAL OBSERVATIONS

- ☐ Poor eye contact ☐ Poor hygiene ☐ Unable to pay attention ☐ Unresponsive
☐ Disoriented ☐ Overly anxious ☐ Unable to follow directions ☐ Unable to read
☐ Crying ☐ Memory deficits ☐ Signs of self-mutilation ☐ Afraid
☐ Illogical speech content ☐ Appears to be hearing voices or seeing things ☐ Paranoid
☐ Hostile ☐ Other unusual behavior:

DISPOSITION/ PLACEMENT RECOMMENDATION (based on reception mental health screening)

- ☐ Routine housing and mental health follow-up ☐ Emergency mental health referral
☐ Priority mental health follow-up but not emergency ☐ Safe cell placement recommended
☐ Current psychotropic meds verified/interim supply ordered ☐ Parole violator interim assessment referral

Inmate Name <u>Cameron, Jimmy</u>	AIS # <u>1055915</u>
--------------------------------------	-------------------------

Callina

IN DISCIPLINARY PROGRESS NOTES

[illegible]

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
3/29/2005		Inmate Activity Assessment Completed issued puzzles and a book, Continue A.T. treatment services —————	S. Sordun A.T.
4/6/05	9:00 AM	PT was seen during Segregation Rounds. PT rep, "The medication (Vistaril) made me wake-up fighting, I woke up and hit the wall with my hand. I was fighting a lizard, the lizard had a dog in his mouth. The (Big) Lizard let the dog go and came after me."?? D. New: Dental Appointment at this time. A. Anxiety, D/O Referral form was completed for PT to see the psychiatrist	R. [Signature]
04/12/05	5 PM	Chart reviewed per Mental Health Staff. Will schedule to Flu & Dr. Banerjee extends 4	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Cameron, Jimmy	105591		w/m	SC,

315-2759

CORRECTIONAL MEDICAL SERVICES INTAKE MENTAL HEALTH SCREENING

INMATE NAME: <u>Cameron, Jimmy</u>		ID #: <u>105591</u>	RACE: <u>White</u>	D.O.B.: <u>12/30/49</u>
------------------------------------	--	---------------------	--------------------	-------------------------

SUICIDE POTENTIAL SCREENING		(circle)
1. Arresting or transporting officer believes subject may be suicide risk.	Yes	<input checked="" type="radio"/> No
2. Lacks close family/friends in community.	Yes	<input checked="" type="radio"/> No
3. Experienced a significant loss within last 6 months (loss of job, relationship, death of close family member).	Yes	<input checked="" type="radio"/> No
4. Worried about major problems other than legal situation (terminal illness). <u>OX - CA '98 Throat Remnant</u>	Yes	<input checked="" type="radio"/> No
5. Family member or significant other has attempted or committed suicide (spouse, parent, sibling, close friend, lover).	Yes	<input checked="" type="radio"/> No
6. Has psychiatric history (psychotropic medication or treatment).	Yes	<input checked="" type="radio"/> No
7. Holds position of respect in community (i.e., professional, public official) and/or alleged crime is shocking in nature. Expresses feelings of embarrassment / shame.	Yes	<input checked="" type="radio"/> No
8. Expresses thoughts about killing self.	Yes	<input checked="" type="radio"/> No
9. Has a suicide plan and/or suicide instrument in possession.	Yes	<input checked="" type="radio"/> No
10. Has previous suicide attempt. (Check wrists & note method).	Yes	<input checked="" type="radio"/> No
11. Expresses feelings there is nothing to look forward to in the future (feelings of helplessness and hopelessness).	Yes	<input checked="" type="radio"/> No
12. Shows signs of depression (crying, emotional flatness).	Yes	<input checked="" type="radio"/> No
13. Appears overly anxious, afraid or angry.	Yes	<input checked="" type="radio"/> No
14. Appears to feel unusually embarrassed or ashamed.	Yes	<input checked="" type="radio"/> No
15. Is acting and/or talking in a strange manner. (Cannot focus attention; hearing or seeing things not there).	Yes	<input checked="" type="radio"/> No
16. Is apparently under the influence of alcohol or drugs.	Yes	<input checked="" type="radio"/> No
17. If YES to #16, is individual incoherent or showing signs of withdrawal or mental illness.	Yes	<input checked="" type="radio"/> No
TOTAL YES'S = If there are any circles in shaded areas, or total of Yes's is 8 or more, alert Shift Commander and refer for Mental Health Evaluation.		

PSYCHIATRIC SCREENING		(circle)
1. History of psychotropic medication? Type: <u>Valium</u> Current Dosage: <u>1982-92</u> Source: <u>1982-92</u>	Yes	<input checked="" type="radio"/> No
2. History of psychiatric hospitalization? When: _____ Where: _____	Yes	<input checked="" type="radio"/> No
3. History of outpatient mental health treatment? When: _____ Where: _____	Yes	<input checked="" type="radio"/> No
4. History of violent behavior? When: _____ Where: _____	Yes	<input checked="" type="radio"/> No

BEHAVIORAL OBSERVATIONS	
Difficulties observed in following area: (circle)	
Eye Contact	Terrified/crying
Appearance	Orientation
Activity	Concentration
Mood <u>WNL</u>	Speech
Affect	Delusional
Memory	Hallucinations
Intellectual Functioning	Psychotic Symptoms
COMMENTS: <u>Violated - dark white</u> <u>or Recovery home</u> <u>(Technical)</u>	

SUMMARY	
<input checked="" type="checkbox"/> No mental health problems <input type="checkbox"/> Mental health problems requiring routine follow-up <input type="checkbox"/> Chronic mental health problem <input type="checkbox"/> Mental Illness <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Other _____ <input type="checkbox"/> Acute mental health problem <input type="checkbox"/> Psychosis <input type="checkbox"/> Suicidal <input type="checkbox"/> Other _____ <input type="checkbox"/> Potential withdrawal from substance abuse	

DISPOSITION	
<input checked="" type="checkbox"/> Approved for General Population: No Mental Health Referral <input type="checkbox"/> Approved for General Population: Routine Mental Health Referral <input type="checkbox"/> Special Housing: Mental Health Referral ASAP <input type="checkbox"/> Suicide Precaution Procedures: Mental Health Referral ASAP <input type="checkbox"/> Psychiatric Referral <input type="checkbox"/> Medical Monitoring for Potential Withdrawal	

SCREENED BY: <u>[Signature]</u>	DATE: <u>12/2/2006</u>	TIME: _____
REVIEWED BY: <u>[Signature]</u>	ID #: _____	DATE: _____ TIME: _____



PRISON
HEALTH
SERVICES
INCORPORATED

RELEASE OF RESPONSIBILITY

Inmate's Name: Cameron, Jimmy
Date of Birth: 12-30-48 Social Security No.: 105591
Date: November 17, 2006 Time: 05:30 A.M.

This is to certify that I, Jimmy Cameron, currently in
(Print Inmate's Name)
custody at the Bullock County Correctional Facility, am refusing to
(Print Facility's Name)
accept the following treatment/recommendations: Sick Call Triage
(Specify in Detail)
States was not awoken for sick call

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Jimmy Cameron
(Signature of Inmate)**

N. J. Colbert, RN
(Signature of Medical Person)

(Witness)

(Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.



SPECIAL NEEDS COMMUNICATION FORM

Date: 1/11/07

To: ADOC

From: PHS-Fullock Co. Correctional

Inmate Name: Cameron, Jimmy ID#: 105591

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

① Antifungal cream topical (KOP) x 20 days. use as directed. start 1/11/07 end 1/31/07.

Date: 1/11/07 MD Signature: Dr. Siddig / J. Huie, MD Time: 7:15p



PRISON HEALTH SERVICES, INC.

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I, Jimmy Z Cameron, hereby authorize Prison Health Services, Inc. (PHS) to release
(Name of Patient - Print)

all medical records and all information related to my treatment to:

Self

Payable amount (\$10.00)

This authorization extends to all records in the possession of PHS, including those which it has received from other providers, and including, if they exist, those relating to treatment for drug or alcohol abuse, mental health treatment; testing as to HIV status, treatment for HIV or Acquired Immune Deficiency Syndrome (AIDS), or other diseases or conditions.

This authorization is effective immediately and shall remain in effect for ninety (90) days.

I agree to hold harmless PHS and its agents from any actions and from all liability regarding the release of these records. I agree to pay reasonable charges of \$0.25 (25 cents) per page for copies of the requested records with a minimum charge of not less than \$10.00. PHS will contact me or the above reference party at 738-5625 ext 156 with the exact charges and those charges will be paid by
(Phone Number)

certified check or money order before the records are released.

1/4/07
Date

1/4/07
Date

Cameron Jimmy 105591
Name (print)

X Jimmy Cameron 1105591
(Signature of Patient (or Parent or Legal Guardian if appropriate))

[Signature]
Witness (Print)

[Signature]
Witness (Signature)



SPECIAL NEEDS COMMUNICATION FORM

Date: 12-27-06

To: DOC

From: HCC

Inmate Name: Jimmy Cameron ID#: 1055915

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Antifungal Cream KOP x 20 days. Use
as directed. Start 12-27-06 End 1-15-07. BE

Date: 12-27-06 MD Signature: p/o Dr. Siddiq/ Beaton Time: 0815

PRISON
HEALTH
SERVICES

PRISON HEALTH SERVICES

NON-COMPLIANCE NOTICE

The following has been observed and documented per non-compliance policy:

CLASS

9/26-9/29

SPECIFIC

Diet

Medication

Refusal of
Op Mevacor

ADA

CARDIOVASCULAR

ALT. G.I.

OTHER

INFECTIOUS

ACUTE

CHRONIC

PSYCHIATRIC

OTHER

BLOOD PRESSURE

DRESSING

ACCUCHECK

OTHER

ACTION TAKEN BY NURSING:

- ☒ Counseling
☐ Discontinue Medication
☐ Re-assign Schedule

ACTION TAKEN BY PRESCRIBERS:

- ☐ Physician
☐ P.A.
☐ Psychiatrist

ACTION TAKEN BY INMATE:

- ☐ Treatment Refusal Signed
☐ Explanation of Non-Compliance

- ☐ Placed on sick call
☐ Inform MH Department
☐ M.A.R. Review

- ☐ Counseling
☐ Discontinue Meds
☐ Discontinue Tx
☐ Change Meds
☐ OTHER

Refuses to sign

9/26/06 9:37 AM

INMATE NAME (LAST, FIRST, MIDDLE)

PHS-MO-700ST

Jenny Carner (CEddy/p)

BOOK

DOB

FACESET

1055911

9/30/48

W/M Star

HEALTH CARE UNIT
PATIENT INFORMATION SLIP

Hamilton A & T
INSTITUTION

Cameron Jimmy 105591 W/m
NAME NUMBER R/S

Lay-in for _____ days from _____ to _____
(date) (date)
_____ due to _____
(date)

Instructions: need stool sample
X 3 each 2 days apart.

Failure to follow the directions above may result in a disciplinary.

8/28/06
Date Issued

Dr. Sonnier/B. Brice
Signature



Nursing Evaluation Tool:

Back Pain

Facility: BBB	
Patient Name: <u>C. Adams</u>	First <u>MI</u>
Inmate Number: <u>105591</u>	Date of Birth: <u>12/30/88</u> MM DD YYYY
Date of Report: <u>1/23/07</u> MM DD YYYY	Time Seen: <u>07:00</u> AM/PM Circle One

Subjective: Chief Complaint(s): Back Pain

Onset: ☐ New onset ☐ Chronic condition exacerbation
 Pain Scale: (1-10) 4 Type: ☐ Sharp ☐ Dull ☐ Intermittent ☒ Constant
 Location of Pain: mid to low back Radiation of pain: ☒ No ☐ Yes to: _____
Neck / mid-back / low back

History: _____
(Continue on back if necessary)☐ Check Here if additional notes on backAssociated symptoms: Pain on urination? ☒ No ☐ Yes
Increased urination? ☒ No ☐ YesNausea ☒ No ☐ Yes
Pain with cough/breathing? ☒ No ☐ YesVomiting ☒ No ☐ Yes (x)
☒ No ☐ Yes

Objective: Vital Signs: (If Indicated) T: _____ P: 66 RR: 18 B/P: 152/79 W/H 74
 Back Exam: ☐ Tender to touch ☐ Contusion ☐ Muscle spasms ☐ Impaired range of motion
 Additional Findings: ☐ Numbness ☐ Tingling ☐ Abnormal gait ☐ Weakness of extremities ☐ Foot drop ☐ Other: _____
 Elaborate positive findings: _____

☐ Check Here if additional notes on back

Lower extremities: ☒ Normal ☐ Abnormal (Describe): _____
 Pedal pulses: ☒ Present ☐ Absent

☐ Additional Examination: _____
(Continue on back if necessary)☐ Check Here if continued on back

Assessment: (Referral Status)

Preliminary Determination(s): _____

☐ Referral NOT Required☒ Referral Required due to the following: (Check all that apply)
☐ Loss of sensation
☐ Prior malignancy
☐ Other: _____

☐ Presence of RBCs from dipstick
☐ Presence of WBCs from dipstick
☒ Recurrent Complaint (More than 2 visits for the same complaint)

Plan:

Check All That Apply: ☐ Work and recreation restrictions x 72 hours
☐ Education on avoiding back pain ☐ Education about stretching and back exercises. ☐ Instructions to return if condition worsens.
☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other: _____

(Describe)
☐ Cold Compress (Acute injury) ☐ Warm Compress

OTC Medications given ☐ NO ☐ YES (If Yes List): _____Referral: ☐ NO ☐ YES (If Yes, Whom/Where): DR SidneyDate for referral: 1/23/07
MM DD YYYYReferral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): _____

X

Nurses Signature

Name: Blair L...

Printed



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Jimmy Cameron Date of Request: 1-22-07
 ID # 105591 Date of Birth: 12-30-48 Location: C-1-71A
 Nature of problem or request: I need some medical attention for my
Back. my Problems are getting worse. Need A Lay in
Standing, up cause Pain.

Jimmy Cameron
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

<p>RECEIVED</p> <p>Date: <u>01-22-07</u></p> <p>Time: <u>1:45</u></p> <p>Receiving Nurse Initials <u>C.F.</u></p>

(S)ubjective:

(O)bjective (V/S): T: P: R: BP: WT:

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Jimmy Cameron Date of Request: 1-16-07
 ID # 105591 Date of Birth: 12-30-48 Location: 3-22
 Nature of problem or request: Need To see Doctor about Pain
Tylenol not Helping. foot still Burning - need Lay IN

Jimmy Cameron
Signature

DO NOT WRITE BELOW THIS LINE

Date: ___/___/___
 Time: _____ AM PM
 Allergies: _____

RECEIVED	
Date: <u>01-17-07</u>	
Time: <u>2:20</u>	
Receiving Nurse Initials <u>C.F.</u>	

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()
 Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Jimmy Cameron Date of Request: 1-10-07
ID # 105591 Date of Birth: 12-30-47 Location: C-1-22
Nature of problem or request: I need something for Pain, in Back
side and Burning in Left foot

Jimmy Carter
Signature

DO NOT WRITE BELOW THIS LINE

Date: ____/____/____
Time: _____ AM PM
Allergies: _____

RECEIVED
Date: *11/1/92*
Time: *2:20 PM*
Receiving Nurse Initials *JL*

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



INC

Nursing Evaluation Tool:

General Sick Cal.

Facility: BBB	
Patient Name: <u>Cameron</u>	
Inmate Number: <u>105591</u>	Last <u>Jimenez</u>
Date of Report: <u>12</u> / <u>26</u> / <u>06</u>	Date of Birth: <u>12</u> / <u>30</u> / <u>48</u>
MM DD YYYY	MM DD YYYY
Time Seen: <u>0530</u> <u>AM</u> / <u>PM</u> Circle One	

Subjective: Chief Complaint(s): "The bottom of my left foot burns like fire, it"
 Onset: need to see the doctor"

Brief History:
 (Continue on back if necessary)

Objective: Vital Signs: (As Indicated) T: 96.6 P: 70 RR: 16 B/P: 155 / 100 w/ 173

Examination Findings:
 (Continue on back if necessary)

Assessment: (Referral Status)
☐ Referral **NOT REQUIRED**

Preliminary Determination(s):

☐ Check Here if additional notes on back

☐ Referral **REQUIRED** due to the following: (Check all that apply)

☐ Recurrent Complaint (More than 2 visits for the same complaint)

☐ Other:

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:
☐ Instructions to return if condition worsens.

☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other:

OTC Medications given ☐ NO ☐ YES (If Yes List):

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr. Liddig

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):

Date for referral: 12 / 27 / 06
 MM DD YYYY
 Time

Name:

x Gloria Rojas



Follow up
PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Jimmy Cameron Date of Request: 11-19-06
 ID # 105591 Date of Birth: 12-30-48 Location: 3-22
 Nature of problem or request: need to see doctor about BACK Pain
To get leg in continued

Jimmy Cameron
 Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

RECEIVED Date: _____ Time: _____ Receiving Nurse Initials _____

(S)ubjective:

(O)bjective (V/S): T: *Said Dr. today* R: *Siddiq* R: *11/20/06* BP: _____ WT: _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

 SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Jimmy Cameron Date of Request: 11-16-06
ID # 105891 Date of Birth: 12-30-48 Location: 3-22
Nature of problem or request: ONE MORE CHANCE TO GIVE ME
ADEQUATE MEDICAL TREATMENT BEFORE I FILE ANOTHER CIVIL
ACTION SUIT AGAINST P.H.S AND DOCTOR SIDDIQ

Jimmy Cameron
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

RECEIVED
Date: _____
Time: _____
Receiving Nurse Initials _____

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



Nursing Evaluation Tool:

General Sick Call

Facility: BBB	
Patient Name: <u>Cameron</u>	<u>Jimmy</u>
Inmate Number: <u>165591</u>	Date of Birth: <u>12</u> / <u>30</u> / <u>198</u>
Date of Report: <u>11</u> / <u>16</u> / <u>06</u>	Time Seen: <u>0535</u> <u>AM</u> / <u>PM</u> Circle One

Subjective: Chief Complaint(s): "I have back pain back bad and shoulder
Onset: first

Brief History:
(Continue on back if necessary)

☐ Check Here if additional notes on back

Objective: Vital Signs: (As Indicated) T: 98.6 P: 78 RR: 16 B/P: 120 / 71 wt: 173

Examination Findings:
(Continue on back if necessary)

☐ Check Here if additional notes on back

Assessment: (Referral Status) Preliminary Determination(s):

☐ Referral NOT REQUIRED

☐ Referral REQUIRED due to the following: (Check all that apply)

☐ Recurrent Complaint (More than 2 visits for the same complaint)

☐ Other:

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☐ Instructions to return if condition worsens.

☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other:

(Describe)

OTC Medications given ☐ NO ☐ YES (If Yes List):

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr. Siddig

Date for referral: 11 / 16 / 06

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):

Time

x Alexia Rogen

Name:



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Jimmy Cameron Date of Request: 11-15-06
ID # 105591 Date of Birth: 12-30-48 Location: 3-22
Nature of problem or request: need to see doctor. getting something
for BACK Pain. getting lower extremities. BACK Hurting!!

Jimmy Cameron
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
Time: AM PM
Allergies:

<p>RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p>

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Print Name: Jimmy Cameron Date of Request: 11-14-06
ID # 105591 Date of Birth: 12-30-48 Location: 3-22
Nature of problem or request: asprin not helping! need to see doctor
about BACK PAIN! get my leg IN extended - cannot afford
To keep coming to sick call

Jimmy Carson
Signature

Date: ____/____/____
Time: _____ AM PM
Allergies: _____

Date: _____
Time: _____
Receiving Nurse Initials _____

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(P)lan:

CIRCLE ONE

If Emergency was PHS supervisor notified: Yes () No ()
Was MD/PA on call notified: Yes () No ()

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Jimmy Cameron Date of Request: 11-9-06
 ID # 105591 Date of Birth: 12-30-118 Location: 3-22
 Nature of problem or request: Need To see Doctor get Profile for Double mattresses since They are not going to give me any pain medication are treatment for my BACK

Jimmy Cameron
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

<p>RECEIVED</p> <p>Date: <u> </u></p> <p>Time: <u> </u></p> <p>Receiving Nurse Initials <u> </u></p>
--

(S)ubjective:

(O)bjective (V/S): T: P: R: BP: WT:

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN

CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Nursing Evaluation Tool:

General Sick Call

Facility: BBB	
Patient Name: <u>Cameron</u>	<u>Jimmy</u>
Inmate Number: <u>105591</u> Last	Date of Birth: <u>12</u> <u>30</u> <u>19</u> <u>48</u> MI
Date of Report: <u>11</u> <u>9</u> <u>06</u> MM DD YYYY	Time Seen: <u>0600</u> <input checked="" type="radio"/> AM <input type="radio"/> PM Circle One

Subjective: Chief Complaint(s): My back hurt
Onset: Chronic

Brief History: Ulcers
(Continue on back if necessary)

☐ Check Here if additional notes on back

Objective: Vital Signs: (As Indicated) T: 98 P: 82 RR: 20 B/P: 130/80 wt 175

Examination Findings: Resps Regular & even skin w/o to touch, no
(Continue on back if necessary) acute distress noted

☐ Check Here if additional notes on back

Assessment: (Referral Status) Preliminary Determination(s): Alteration in comfort R/t back
☐ Referral NOT REQUIRED Pain
☒ Referral REQUIRED due to the following: (Check all that apply)
☐ Recurrent Complaint (More than 2 visits for the same complaint)
☐ Other:

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:
☐ Instructions to return if condition worsens.
☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)
☐ Other:

OTC Medications given ☐ NO ☐ YES (If Yes List):
Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr Siddig Date for referral: 11/9/06
Referral Type: ☒ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?):
Time

x Martha Jackson Name: Martha Jackson



Nursing Evaluation Tool:

General Sick Call

Facility: BBB	
Patient Name: <u>C. Amelun</u>	<u>Jimmy</u>
Inmate Number: <u>10 5591</u>	Date of Birth: <u>12 1 36</u> <u>19</u> <u>MI</u>
Date of Report: <u>11 17 10</u>	Time Seen: <u>05</u> <u>AM</u> / <u>PM</u> Circle One

Subjective: Chief Complaint(s): BB Profile Repeat + Back Pain Need rel.

Onset: _____

Brief History:

(Continue on back if necessary)

☐ Check Here if additional notes on back

Objective: Vital Signs: (As Indicated) T: 98 P: 80 RR: 22 B/P: 140 / 70 176 out

Examination Findings:

(Continue on back if necessary)

☐ Check Here if additional notes on back

Assessment: (Referral Status)

Preliminary Determination(s): _____

☐ Referral NOT REQUIRED

☒ Referral REQUIRED due to the following: (Check all that apply)

☐ Recurrent Complaint (More than 2 visits for the same complaint)

☐ Other: _____

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☐ Instructions to return if condition worsens.

☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other: _____

(Describe)

OTC Medications given ☐ NO ☐ YES (If Yes List): _____

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): VSL DR Sidley

Date for referral: 11 17 10

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): _____

MM DD YYYY

Time

Print Name: Jimmy Cameron Date of Request: 11-6-06
ID # 105591 Date of Birth: 12-30-48 Location: 3-22
Nature of problem or request: would like to see Doctor about my Back and to get my Bottom Bed profile up dated.

Jimmy Cameron
Signature

Date: ____/____/____
Time: _____ AM PM
Allergies: _____

Date: _____
Time: _____
Receiving Nurse Initials _____

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

GI F-1002 (1/4)

General Sick Call

Subjective: Chief Complaint(s): I would like to see the Doctor
Onset: because I have Hepatitis C and my back
Brief History: been giving me problems and I need for some
(Continue on back if necessary) cloud to be removed off my chest
10/11/11

☐ Check Here if additional notes on back

Examination Findings:
(Continue on back if necessary)

☐ Check Here if additional notes on back☐ Other:

(Describe)

Date for referral: / /

MM DD YY
Time



PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Jimmy Cameron Date of Request: 11-1-06
ID # 105591 Date of Birth: 12-30-48 Location: 3-22
Nature of problem or request: I need to see the doctor
and get something for pain. my back is getting
worse and to get my medication straight

Jimmy Comer
Signature

DO NOT WRITE BELOW THIS LINE

Date: ____/____/____
Time: _____ AM PM
Allergies: _____

RECEIVED	
Date:	
Time:	
Receiving Nurse Initials	_____

(S)ubjective:

(O)bjective (V/S): T: P: R: BP: WT:

P: See Met R: Tools BP: 15
on 11/3/06
Probbins

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



DEPARTMENT OF CORRECTIONS TRANSFER & RECEIVING SCREENING FORM

RECEIVED: Inmate/Health Record Institution: <u>Bullock</u> Date: <u>10/24/06</u> Time: <u>6:30</u> AM/PM: <u>AM</u> RECEIVED FROM: Institution/Work Release Center/Free-World Hospital: <u>KLF</u> RECEIVING MEDICAL STATUS <input checked="" type="checkbox"/> Population <input type="checkbox"/> Infirmary <input type="checkbox"/> Isolation	RELEASED: Inmate/Health Record Institution: <u>K-L F</u> Date: <u>10/23/06</u> Time: <u>18:00</u> AM/PM: <u>AM</u> RELEASE FROM: <input type="checkbox"/> Infirmary <input type="checkbox"/> Segregation <input type="checkbox"/> Population <input type="checkbox"/> Mental Health <input type="checkbox"/> Other _____ RELEASE TO: <input type="checkbox"/> DOC <input type="checkbox"/> Infirmary <input type="checkbox"/> Mental Health <input type="checkbox"/> _____ Institution/Work Release Center/Free-World Hospital: _____	ALLERGIES: <u>NKA</u> PHYSICAL EXAMINATION Date of last exam: <u>3/18/05</u> Chest X-Ray Date: _____ Result: _____ PPD Reading: <u>2 mm</u> Classification: _____ Limitations: _____
--	---	--

LAB RESULTS -- LAST REPORT				YES	NO
	Date	Normal	Abnormal		
CBC	<u>2</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wears Glasses/Contacts	<input type="checkbox"/>
Urinalysis	<u>2</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dental Prosthesis	<input type="checkbox"/>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hearing Aide	<input type="checkbox"/>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Prosthesis	<input type="checkbox"/>
					Receiving Nurse

CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS

MH, HTN, multiply

CURRENT MEDICATION -- DOSAGE AND FREQUENCY

See MAR?

MEDICATIONS ☐ Sent w / inmate ☒ Not sent w / inmate
 X-RAY FILM ☐ Sent w / inmate ☒ Not sent w / inmate
 HEALTH RECORD ☒ Sent w / inmate ☐ Not sent w / inmate
 Released to: Doc

Date: 5/18 Time: _____ AM/PM

MEDICATIONS ☒ Received ☐ Not Received
 X-RAY FILM ☐ Received ☐ Not Received
 HEALTH RECORD ☒ Received ☐ Not Received
 CHART REVIEWED ☒ YES ☐ NO

Received by: [Signature]
Signature of Receiving Nurse

Date: 10/24/06 Time: 1830 AM/PM

SCHEDULE FOR CHRONIC CARE CLINIC

DATE: _____ LAST CLINIC: _____

FOLLOW-UP CARE NEEDED	Date	Time	With Whom -- Location (Sending Nurse)	Date/Appt. Made w/Whom (Rec. Nurse)
<input type="checkbox"/> Medical <input type="checkbox"/> Dental				
<input type="checkbox"/> Mental Health				

NURSING ASSESSMENT (SENDING NURSE)
(Noted from health record documentation)

	Yes	No
HISTORY		
Drug Use	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Illness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Suicide Attempt	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chronic Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STATUS		
Special Diet	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Appearance	<input type="checkbox"/>	<input checked="" type="checkbox"/>

OTHER PERTINENT NURSING ASSESSMENT _____

NURSING ASSESSMENT (RECEIVING NURSE)
(Noted from inmate assessment)

	Yes	No
SKIN		
Open Sores	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lice	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Edema	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Warm & Dry	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cool & Moist	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CONDITION		
Alert	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oriented	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Uncooperative	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Depressed	<input type="checkbox"/>	<input checked="" type="checkbox"/>

INTAKE

Sick Call Procedures Explained Yes
 Height 500
 Weight 176
 Blood Pressure 120/80
 Temperature 96
 Pulse Resp. 96
 Other _____

Signature of Nurse Completing Assessment (Sending Nurse)

Date

Signature of Intake Screening Nurse (Receiving Nurse)

Date

INMATE NAME (LAST, FIRST, MIDDLE)

DOC#

DOB

Race/Sex

FAC

Cameron Perry W 132B 10559/15/12-30 W K/L



Nursing Evaluation Tool:

General Sick Call

Facility: BBB	
Patient Name: <u>Cameron</u>	<u>Jimmy</u>
Inmate Number: <u>105591</u>	Date of Birth: <u>12</u> / <u>1</u> / <u>30</u> / <u>148</u>
Date of Report: <u>10</u> / <u>26</u> / <u>06</u>	Time Seen: <u>0555</u> <u>AM</u> / PM Circle One

Subjective: Chief Complaint(s): "I need to see the doctor about back pain"
Onset: and need to get a key lock profile"

Brief History:

(Continue on back if necessary)

☐ Check Here if additional notes on back

Objective: Vital Signs: (As Indicated) T: 98.6 P: 68 RR: 16 B/P: 1 wt 170

Examination Findings:

(Continue on back if necessary)

Assessment: (Referral Status)

Preliminary Determination(s):

☐ Check Here if additional notes on back

☐ Referral NOT REQUIRED

☐ Referral REQUIRED due to the following: (Check all that apply)

☐ Recurrent Complaint (More than 2 visits for the same complaint)

☐ Other: _____

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

☐ Instructions to return if condition worsens.

☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)

☐ Other: _____

(Describe)

OTC Medications given ☐ NO ☐ YES (If Yes List): _____

Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dr. Liddig

Date for referral: 10 / 26 / 06

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): _____

Time _____

x Gloria Rogers

Name:



**PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST**

Print Name: Jimmy Cameron Date of Request: 10-24-06
 ID # 105591 Date of Birth: 12-30-48 Location: 3-22
 Nature of problem or request: Need To see Doctor about Back Pain and
To get a Profile for my Key Lock- can not see to open
a Combination Lock

Jimmy Cameron
Signature

DO NOT WRITE BELOW THIS LINE

Date: / /
 Time: AM PM
 Allergies:

<p align="center">RECEIVED</p> <p>Date: _____</p> <p>Time: _____</p> <p>Receiving Nurse Initials _____</p>

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

[illegible]



DEPARTMENT OF CORRECTIONS TRANSFER & RECEIVING SCREENING FORM

RECEIVED: Inmate/Health Record Institution: <u>KCP</u> Date: <u>10/19/06</u> Time: <u>7:10</u> AM/PM <u>AM</u> RECEIVED FROM: Institution/Work Release Center/Free-World Hospital <u>Hamilton A+I</u>	RELEASED: Inmate/Health Record Institution: <u>Hamilton A+I</u> Date: <u>10/19/06</u> Time: <u>8:00</u> AM/PM <u>AM</u> RELEASE FROM: <input type="checkbox"/> Infirmary <input type="checkbox"/> Segregation <input checked="" type="checkbox"/> Population <input type="checkbox"/> Mental Health <input type="checkbox"/> Other _____ RELEASE TO: <input checked="" type="checkbox"/> DOC <input type="checkbox"/> Infirmary <input type="checkbox"/> Mental Health <input type="checkbox"/> _____ Institution/Work Release Center/Free-World Hospital	ALLERGIES: <u>NKA</u> PHYSICAL EXAMINATION Date of last exam: <u>3/9/06</u> Chest X-Ray Date: _____ Result: _____ PPD Reading _____ Classification: _____ Limitations: _____
RECEIVING MEDICAL STATUS <input checked="" type="checkbox"/> Population <input type="checkbox"/> Infirmary <input type="checkbox"/> Isolation		

LAB RESULTS - - LAST REPORT				YES NO	
	Date	Normal	Abnormal		
CBC	_____	<input type="checkbox"/>	<input type="checkbox"/>	Wears Glasses/Contacts	<input checked="" type="checkbox"/>
Urinalysis	_____	<input type="checkbox"/>	<input type="checkbox"/>	Dental Prosthesis	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Aide	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>	Other Prosthesis	<input type="checkbox"/>
				Receiving Nurse	<input checked="" type="checkbox"/> <u>DBurns LPN</u>

CURRENT OR CHRONIC MEDICAL/DENTAL/MENTAL HEALTH PROBLEMS OR COMPLAINTS
PUD, Thoracic Spondylosis, HTN, GERD, Compression Fr T7 T8/T11, Hemiglossectomy for Ca, Hep C, Osteopenia

CURRENT MEDICATION - - DOSAGE AND FREQUENCY <u>Mevacor 10mg ÷ po qd</u> <u>Zantac 150mg ÷ po bid</u> <u>Tenormin 25mg ÷ po qd</u> <u>Fosamax 70mg ÷ po qweek</u> <u>Elavil 25mg ÷ po qhs</u>	MEDICATIONS <input checked="" type="checkbox"/> Sent w / inmate <input type="checkbox"/> Not sent w / inmate X-RAY FILM <input type="checkbox"/> Sent w / inmate <input checked="" type="checkbox"/> Not sent w / inmate HEALTH RECORD <input checked="" type="checkbox"/> Sent w / inmate <input type="checkbox"/> Not sent w / inmate Released to: <u>DOC</u> Date: <u>10/19/06</u> Time: <u>8:00</u> AM/PM <u>AM</u> MEDICATIONS <input checked="" type="checkbox"/> Received <input type="checkbox"/> Not Received X-RAY FILM <input type="checkbox"/> Received <input type="checkbox"/> Not Received HEALTH RECORD <input checked="" type="checkbox"/> Received <input type="checkbox"/> Not Received CHART REVIEWED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Received by: <u>DBurns LPN</u> Signature of Receiving Nurse Date: <u>10/19/06</u> Time: <u>7:10</u> AM/PM <u>AM</u>
--	---

SCHEDULE FOR CHRONIC CARE CLINIC DATE: <u>8/22/06</u> LAST CLINIC: _____		FOLLOW-UP CARE NEEDED <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Mental Health
--	--	--

NURSING ASSESSMENT (SENDING NURSE) (Noted from health record documentation) <table border="1"> <tr><td rowspan="4">HISTORY</td><td>Drug Use</td><td>Yes <input checked="" type="checkbox"/></td><td>No <input type="checkbox"/></td></tr> <tr><td>Mental Illness</td><td>Yes <input checked="" type="checkbox"/></td><td>No <input type="checkbox"/></td></tr> <tr><td>Suicide Attempt</td><td>Yes <input type="checkbox"/></td><td>No <input checked="" type="checkbox"/></td></tr> <tr><td>Chronic Care</td><td>Yes <input checked="" type="checkbox"/></td><td>No <input type="checkbox"/></td></tr> <tr><td rowspan="2">STATUS</td><td>Special Diet</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Appearance</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> OTHER PERTINENT NURSING ASSESSMENT <u>Amashkum RN 10/19/06</u> Signature of Nurse Completing Assessment (Sending Nurse)	HISTORY	Drug Use	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Mental Illness	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Suicide Attempt	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Chronic Care	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	STATUS	Special Diet	<input type="checkbox"/>	<input type="checkbox"/>	Appearance	<input type="checkbox"/>	<input type="checkbox"/>	NURSING ASSESSMENT (RECEIVING NURSE) (Noted from inmate assessment) <table border="1"> <tr><td rowspan="4">SKIN</td><td>Open Sores</td><td>Yes <input type="checkbox"/></td><td>No <input checked="" type="checkbox"/></td></tr> <tr><td>Lice</td><td>Yes <input type="checkbox"/></td><td>No <input checked="" type="checkbox"/></td></tr> <tr><td>Edema</td><td>Yes <input type="checkbox"/></td><td>No <input checked="" type="checkbox"/></td></tr> <tr><td>Warm & Dry</td><td>Yes <input type="checkbox"/></td><td>No <input checked="" type="checkbox"/></td></tr> <tr><td rowspan="4">CONDITION</td><td>Cool & Moist</td><td>Yes <input type="checkbox"/></td><td>No <input checked="" type="checkbox"/></td></tr> <tr><td>Alert</td><td>Yes <input type="checkbox"/></td><td>No <input checked="" type="checkbox"/></td></tr> <tr><td>Oriented</td><td>Yes <input type="checkbox"/></td><td>No <input checked="" type="checkbox"/></td></tr> <tr><td>Uncooperative</td><td>Yes <input type="checkbox"/></td><td>No <input checked="" type="checkbox"/></td></tr> <tr><td>Depressed</td><td>Yes <input type="checkbox"/></td><td>No <input checked="" type="checkbox"/></td></tr> </table> <u>Debra Beggs RN</u> Signature of Intake Screening Nurse (Receiving Nurse)	SKIN	Open Sores	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Lice	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Edema	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Warm & Dry	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	CONDITION	Cool & Moist	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Alert	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Oriented	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Uncooperative	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Depressed	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	INTAKE Sick Call Procedures Explained <u>URS</u> Height <u>5'10"</u> Weight <u>174</u> Blood Pressure <u>124/72</u> Temperature <u>98.5</u> Pulse Resp. _____ Other _____ <u>10/19/06</u> Date
HISTORY		Drug Use	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>																																															
		Mental Illness	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>																																															
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	Uncooperative	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>																																																
Depressed	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>																																																	

INMATE NAME (LAST, FIRST, MIDDLE) <u>Cameron, Jimmy</u>	DOC# <u>105591</u>	DOB <u>2/3/48</u>	Race/Sex <u>WM</u>	FAC. <u>HAI</u>
---	------------------------------	-----------------------------	------------------------------	---------------------------

Alabama Department of Corrections
Patient Care Protocol

Camerson Jimmy 105591 12-30-48
 Inmate Name AIS # D.O.B.
 Current Meds: See med Medication Allergies: NKA

MISCELLANEOUS

Subjective: Complaint: 2 foot burning
 Onset: ☐ New ☒ Chronic ☐ History of recent trauma/injury
☐ History of recent infection
 Pain: ☐ No ☒ Yes—Scale (1-10) 7; Location: 2 foot
 Type: ☐ Sharp ☐ Dull ☐ Cramping ☒ Constant
☐ Intermittent ☐ Radiation:
 Prior History of Similar Symptoms: ☒ No ☐ Yes:
 Associated symptoms:
 Other:

Objective: Vital signs: Temp 97.6 Pulse 86 Resp 20 B/P 120/80
 General Appearance: ☐ no acute distress ☐ acute distress
 Color: ☒ pink ☐ flushed ☐ pale ☐ cyanotic ☐ jaundice
 Skin: ☒ warm ☒ dry ☐ cool ☐ moist/clammy
 Turgor: ☒ normal ☐ decreased
 Mucous Membranes: ☒ moist ☐ dry
 Exam:
 Abnormalities Noted: ☐ no ☐ yes:

Assessment/Protocol:

Notify provider* if:

- ☐ Abnormal vital signs:
 Temp > 100; Pulse > 100 or < 50; B/P systolic > 180 or diastolic > 110
☐ Appears in acute distress
☐ Complaining of severe pain (Scale of 1-10 = 7 or greater)
☐ Any unexplained clinical abnormality
☒ Any persistent or progressively worse symptoms
☐ Presence of any abnormal findings

Plan: ☒ Refer to: MD Date & Time: 10-10-06
☐ Instructions: See MD
☐ Meds given:
☐ Other:
 Nurse's Signature: M Anderson 10-10-06
 Date/Time

* Provider means Nurse Practitioner, Physician's Assistant, and/or MD.



PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Jimmy Cameron Date of Request: 10-9-06
 ID # 105591 Date of Birth: 12-30-48 Location: Trailer 15 B
 Nature of problem or request: Need To see Doctor. Bottom of Left Foot Burns like fire & Back still Hurting. I've saw no Doctor. Who put me on The new medication?

Jimmy Cameron
Signature

DO NOT WRITE BELOW THIS LINE

Date: 10/10/06
 Time: 1:30 AM PM
 Allergies: NKA

<p>RECEIVED</p> <p>Date: <u>10/10/06</u></p> <p>Time: <u>6a</u></p> <p>Receiving Nurse Initials <u>AM</u></p>

(S)ubjective: "Lt foot Hurting"

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment:

(P)lan: See Yats Sheet

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
 CIRCLE ONE

Check One: ROUTINE () EMERGENCY ()

If Emergency was PHS supervisor notified: Yes () No ()

Was MD/PA on call notified: Yes () No ()

Jimmy Cameron

Manders Z / J MacCready
SIGNATURE AND TITLE
KJ

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

Form must be Complete and Legible. You must Type or Print
Please send this form with the Authorization Letter to the service provider at the time of the Appointment

PBS

RECEIVED SEP 14 2006

DEMOGRAPHICS		
Site Name & Number: 17m	Patient Name: (Last, First) Cameron, Jimmy	Date: (mm/dd/yy) 09.06.06
Site Phone # 205.921.1450	Alias: (Last, First) N/A	Date of Birth: (mm/dd/yy) 12.30.48
Site Fax # 205.921.1452	Immate # 105591	PHS Custody Date: (mm/dd/yy) 03.29.05
Will there be a charge? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SS Number 420.70.1024	Potential Release Date: (mm/dd/yy) 99.99.99
Responsible party: <input checked="" type="checkbox"/> PHS <input type="checkbox"/> Auto Inc.	<input type="checkbox"/> Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans) <input type="checkbox"/> Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services)	

CLINICAL DATA	
Requesting Provider: Sonnie	History of Illness/Injury/Symptoms with Date of Onset: PT, pharynx Lymphophila, @ parathy WLV, @ PPD, T CXR findings of
Facility Medical Director Signature and Date: 9/6/06	Results of a complaint directed physical examination: "old healed granulomas 02"
<input checked="" type="checkbox"/> Service meets criteria for "approval via protocol"	Previous treatment and response (including medications):
Please a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.	***For security and safety, please do not inform patient of possible follow-up appointments***
<input checked="" type="checkbox"/> Office Visit (OV) <input checked="" type="checkbox"/> X-ray (XR) <input type="checkbox"/> Scheduled Admission (SA) <input type="checkbox"/> Outpatient Surgery (OS) <input type="checkbox"/> Dialysis (DA)	
<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Urgent	
Estimated Date of Service (mm/dd/yy) ____/____/____ (This starts the approval window for the "open authorization period")	
Multiple Visits/Treatments: <input type="checkbox"/> Radiation therapy <input type="checkbox"/> Chemotherapy	
Number of Visits/Treatments: <input checked="" type="checkbox"/> Other	
Specialist referred to: NMMC	
Type of Consultation, Treatment, Procedure or Surgery: CT scan of chest 5 consult	
Diagnosis: ICD-9 code:	
You must include copies of pertinent reports such as lab results, ray interpretations and specialty consult reports with this form. <input type="checkbox"/> Pertinent Documents have been attached and filed.	
UM DETERMINATION: <input type="checkbox"/> Alternative Treatment Plan (explain here): <input type="checkbox"/> More Information Requested: (See Attached) <input type="checkbox"/> Resubmitted with requested information.	<input checked="" type="checkbox"/> Direct Service Recommended and Authorized Date resubmitted: ____/____/____
Regional Medical Director Signature, printed name and date required: 8/30/06	Approved: 8/30/06
Do not write below this line. For Case Manager and Corporate Data Entry ONLY.	
Case Type: CT Med Class: XR CPT code: 71260 UR Auth #: 16456810	

TQMnet

BioReference
LABORATORIES

DOCTOR BULLOCK CORR. FAC. 104 BULLOCK DR. HWY.82 UNION SPRINGS, AL 36089 (334) 738-5625 (A0112-6)		00		103160413-1 CAMERON, JIMMY	
NAME CAMERON, JIMMY		PATIENT I.D. / ROOM NO. 105591		DOCTOR / GROUP NAME DR. SIDDIG	
LAB ID NO. 103160413		DATE COLLECTED 12/04/2006		DATE RECEIVED 12/06/2006 10:40	
				DATE OF REPORT 12/6/2006 14:48	
				AGE 57 SEX Y M	

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

Comment :

NONFASTING

* CHEMISTRY *

Total Protein	7.8		5.9-8.4	gm/dl
Albumin	4.3		3.2-5.2	gm/dl
Globulin	3.5		1.7-3.7	gm/dL
A/G Ratio	1.2		1.1-2.9	
Glucose		170 HI	70-109	mg/dL
Sodium	141		133-145	mmol/L
Potassium	3.9		3.3-5.3	mmol/L
Chloride	104		96-108	mmol/L
CO2	25		21-29	mmol/L
BUN	15		7-25	mg/dl
* Creatinine	1.1		0.6-1.3	mg/dl
BUN/Creat Ratio	13.6		10-28	
Calcium	9.2		8.4-10.4	mg/dl
Uric Acid	6.1		2.4-7.0	mg/dl
Iron	122		30-160	mcg/dl
Bilirubin, Total	0.5		0.1-1.0	mg/dl
LDH	142		94-250	u/l
Alk Phos	92		39-120	u/l
AST (SGOT)	31		< 37	u/l
Phosphorous		2.2 LO	2.6-4.5	mg/dl
ALT (SGPT)	25		< 40	u/L
G-GTP	44		7-51	u/L
Cholesterol	128		< 200	mg/dl
Triglycerides		166 HI	< 151	mg/dl
HDL CHOL., DIRECT		28 LO	>35	mg/dl
HDL as % of Cholesterol	22	(15-25)	AVERAGE RISK	%
Chol/HDL Ratio	4.57	(4.2-7.3)	AVERAGE RISK	
LDL/HDL Ratio	2.39		0-3.55	
LDL Cholesterol	67		< 100	mg/dL

* GFR, Estimated = 73.08 mL/min/1.73m2

Continued on Next Page

Page: 1

BioReference
LABORATORIES

D O C T O R		BULLOCK CORR. FAC. 104 BULLOCK DR. HWY. 82 UNION SPRINGS, AL 36089 (334) 738-5625 (A0112-6)		00	103160413-1 CAMERON, JIMMY	
		TUBE LABEL CAMERON, JIMMY		TUBE LABEL CAMERON, JIMMY		
		TUBE LABEL CAMERON, JIMMY		TUBE LABEL CAMERON, JIMMY		
-FINAL- Original Report 12/06/2006						
NAME CAMERON, JIMMY			PATIENT ID / ROOM NO. 105591		DOCTOR / GROUP NAME DR. SIDDIG	
LAB I.D. NO. 103160413		DATE COLLECTED 12/04/2006		DATE RECEIVED 12/06/2006 10:40		DATE OF REPORT 12/6/2006 14:48
				AGE 57		SEX Y M

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

 GFR (Glomerular Filtration Rate) calculation utilizes the MDRD formula (Modification of Diet in Renal Disease Study Group) and assumes a normal adult body surface area of 1.73. If the patient is African American multiply result reported by 1.21. (Ref. National Kidney Disease Educa. Program.)

***** Male/Female reference range: >60 mL/min/1.73 m2 *****
 Note: A calculated GFR of <60 mL suggests chronic kidney disease, but only if found consistently over at least 3 months. A calculated result of <15 mL is consistent with renal failure.

-----* HEMATOLOGY *-----

WBC	5.5		3.40-11.80	x10 (3)
RBC	4.6		4.20-5.90	x10 (6)
HGB	14.1		12.3-17.0	gm/dl
HCT	43.7		39.3-52.5	%
MCV	95.4		80.0-100.0	FL
MCH	30.8		25.0-34.1	pg
MCHC	32.3		30.0-35.0	gm/dl
RDW	14.0		10.9-16.9	%
POLYS		31 LO	36-78	%
LYMPHS	46		12-48	%
EOS		13 HI	0-8	%
BASOS	1		0-2	%
MONOS	9		0-13	%
Platelet Count		127 LO	144-400	x10 (3)

-----* MISCELLANEOUS *-----

TSH	1.520		0.27-4.2 uIU/mL
THYROXINE (T4)	8.7		4.5-12.0 ug/dL
T3 UPTAKE		24.0 LO	24.3-39 %
FREE T4 INDEX	2.1		1.1-4.5
FERRITIN		26.7 LO	SEE BELOW
IRON % SAT.	31		20-55%
TIBC	391		228-428 mcg/dl

RANGES FOR FERRITIN

ADULT MALES	30-400 ng/mL
ADULT FEMALES	13-150 ng/mL

Final Report

Page: 2

**BioReference**
LABORATORIES

D O C T O R	BULLOCK CORR. FAC. 104 BULLOCK DR. HWY.82 UNION SPRINGS, AL 36089			
	(A0112-6) Bio-Net Print		-FINAL- Original Report 12/06/2006	
NAME CAMERON, JIMMY		PATIENT I.D. / ROOM NO. 105591		DOCTOR / GROUP NAME DR. SIDDIG
LAB I.D. NO. 103160413	DATE COLLECTED 12/04/2006	DATE RECEIVED 12/06/2006 10:40	DATE OF REPORT 12/7/2006 01:51	AGE 57 Y SEX M

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

GFR (Glomerular Filtration Rate) calculation utilizes the MDRD formula (Modification of Diet in Renal Disease Study Group) and assumes a normal adult body surface area of 1.73. If the patient is African American multiply result reported by 1.21. (Ref. National Kidney Disease Educa. Program.)

***** Male/Female reference range: >60 mL/min/1.73 m2 *****

Note: A calculated GFR of <60 mL suggests chronic kidney disease, but only if found consistently over at least 3 months. A calculated result of <15 mL is consistent with renal failure.

-----* HEMATOLOGY *

WBC	5.5		3.40-11.80	x10 (3)
RBC	4.6		4.20-5.90	x10 (6)
HGB	14.1		12.3-17.0	gm/dl
HCT	43.7		39.3-52.5	%
MCV	95.4		80.0-100.0	FL
MCH	30.8		25.0-34.1	pg
MCHC	32.3		30.0-35.0	gm/dl
RDW	14.0		10.9-16.9	%
POLYS		31 LO	36-78	%
LYMPHS	46		12-48	%
EOS		13 HI	0-8	%
BASOS	1		0-2	%
MONOS	9		0-13	%
Platelet Count		127 LO	144-400	x10 (3)

-----* MISCELLANEOUS *

TSH	1.520		0.27-4.2 uIU/mL
THYROXINE (T4)	8.7		4.5-12.0 ug/dL
T3 UPTAKE		24.0 LO	24.3-39 %
FREE T4 INDEX	2.1		1.1-4.5
FERRITIN		26.7 LO	SEE BELOW
IRON % SAT.	31		20-55%
TIBC	391		228-428 mcg/dl

RANGES FOR FERRITIN

ADULT MALES	30-400 ng/mL
ADULT FEMALES	13-150 ng/mL

Final Report

Page: 2

James Weisberger
James Weisberger, M.D.
LABORATORY DIRECTOR

481 EDWARD H. ROSS DR.
ELMWOOD PARK, NJ 07407
1-800-229-LABS
4055 DOW 4105



BioReference
LABORATORIES

DOCTOR	BULLOCK CORR. FAC. 104 BULLOCK DR. HWY.82 UNION SPRINGS, AL 36089			
	(A0112-6) Bio-Net Print		-FINAL- Original Report 12/06/2006	
NAME CAMERON, JIMMY		PATIENT ID / ROOM NO. 105591		DOCTOR / GROUP NAME DR. SIDDIG
LAB ID NO. 103160413	DATE COLLECTED 12/04/2006	DATE RECEIVED 12/06/2006 10:40	DATE OF REPORT 12/7/2006 01:51	AGE 57 Y SEX M

Test Description	Result	Abnormal	Reference Range
------------------	--------	----------	-----------------

Tests Ordered : FERRITIN, IRON & TIBC, PANEL 2052, ,

Comment :

NONFASTING

-----* CHEMISTRY *-----

Total Protein	7.8		5.9-8.4	gm/dl
Albumin	4.3		3.2-5.2	gm/dl
Globulin	3.5		1.7-3.7	gm/dL
A/G Ratio	1.2		1.1-2.9	
Glucose		170 HI	70-109	mg/dL
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Potassium	3.9		3.3-5.3	mmol/L
Chloride	104		96-108	mmol/L
CO2	25		21-29	mmol/L
BUN	15		7-25	mg/dl
* Creatinine	1.1		0.6-1.3	mg/dl
BUN/Creat Ratio	13.6		10-28	
Calcium	9.2		8.4-10.4	mg/dl
Uric Acid	6.1		2.4-7.0	mg/dl
Iron	122		30-160	mcg/dl
Bilirubin, Total	0.5		0.1-1.0	mg/dl
LDH	142		94-250	u/l
Alk Phos	92		39-120	u/l
AST (SGOT)	31		< 37	u/l
Phosphorous		2.2 LO	2.6-4.5	mg/dl
ALT (SGPT)	25		< 40	u/L
G-GTP	44		7-51	u/L
Cholesterol	128		< 200	mg/dl
Triglycerides		166 HI	< 151	mg/dl
HDL CHOL., DIRECT		28 LO	>35	mg/dl
HDL as % of Cholesterol		22		%
Chol/HDL Ratio		4.57		
LDL/HDL Ratio	2.39		0-3.55	
LDL Cholesterol	67		< 100	mg/dL

* GFR, Estimated = 73.08 mL/min/1.73m2				

Continued on Next Page

Page: 1

1/15/2007 11:20:30 AM FROM: LABCORP LCLS BLK TO: 12059211452 LABCORP
 TO: Hamilton Aged / Infirmed

Bullock

Page 1 of 2

LabCorp
 Laboratory Corporation of America

LabCorp Birmingham
 1801 First Avenue South
 Birmingham, AL 35233

Phone: 205-581-3500

Specimen Number 241-558-0182-0		Patient ID 105591		Control Number 53517762754	Account Number 01890035	Account Phone Number 205-921-1150	Ratio 00
Patient Last Name CAMERON				Account Address Hamilton Aged / Infirmed			
Patient First Name JIMMY		Patient Middle Name		223 Scissor Drive Hamilton AL 35570			
Patient SSN		Patient Phone					
Total Volume							
Age (Y/M/D) 57/07/30	Date of Birth 12/30/48	Sex M	Fasting Yes	TN-TRICHUR			
Patient Address							
Date and Time Collected 08/29/06 05:00	Date Entered 08/29/06	Date and Time Reported 01/15/07 11:20ET	Physician Name	NPI	Physician ID		
Test Ordered Strongyloides IgG Ab, ELISA; Ehrlichia Detection by PCR; Miscellaneous Testing							
TESTS		RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB	

Strongyloides IgG Ab, ELISA

Strongyloides IgG Ab **2.96 High**

REFERENCE RANGE: <1.00

01

INTERPRETIVE CRITERIA:

<1.00 Antibody Not Detected
 > or = 1.00 Antibody Detected

Strongyloides stercoralis is a parasitic nematode found in tropical and subtropical regions. Because of low larval densities in feces, stool examination is a relatively insensitive diagnostic test; serodiagnosis by ELISA offers increased sensitivity. Antibody titers decrease in many patients following treatment. Patients with latent infections who are immunosuppressed or receiving immunosuppressive therapy are at risk of life-threatening hyperinfection. Significant crossreactivity may be observed in filarial and other nematode infections.

This test was developed and its performance characteristics determined by Focus Diagnostics. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary.

**EFFECTIVE NOVEMBER 27, 2006 this test will be made non-orderable.
 For replacement number, please contact your local LabCorp Representative.

[Handwritten Signature]
 1/16/07

Ehrlichia Detection by PCR

No Ehrlichia chaffeensis DNA detected E. chaffeensis has been characterized as the causative agent of Human Monocytic Ehrlichiosis (HME).

Not Detected 02

CAMERON, JIMMY	105591	241-558-0182-0	Seq # 0515
-----------------------	---------------	-----------------------	-------------------

FINAL REPORT

Page 1 of 2

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 DOC1 Ver: 131

FROM: LABCORP LCLS BLK TO: 12059211452 LABCORP

Page 2 of 2

LabCorp
Laboratory Corporation of America

LabCorp Birmingham
1801 First Avenue South
Birmingham, AL 35233

Phone: 205-581-3500

Patient Name CAMERON, JIMMY					Specimen Number 241-558-0182-0		
Account Number 01890035	Patient ID 105591	Control Number 53517762754	Date and Time Collected 08/29/06 05:00	Date Reported 01/15/07	Sex M	Age (Y/M/D) 57/07/10	Date of Birth 12/30/48
TESTS		RESULT	FLAG	UNITS	REFERENCE INTERVAL	CRVAL	LAB

No Anaplasma phagocytophila DNA detected. A. phagocytophila has been characterized as the causative agent of Human Granulocytic Ehrlichiosis (HGE).

This test was developed and its performance characteristics determined by ViroMed Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or research.

Miscellaneous Testing

PARASITIC SEROLOGY RESULTS

03

TRICHINOSIS AB IGG 1:16 NEGATIVE

REFERENCE RANGE: POS => 1:32 NEG <1:32

ANY TITER =>1:32 SHOULD BE CONSIDERED DIAGNOSTIC.

TITER MAY NOT APPEAR FOR SEVERAL WEEKS POST-INFECTION, DEPENDING ON THE NUMBER OF LARVAE INGESTED.

IN A PATIENT WITH A NEGATIVE TEST WHO IS STRONGLY SUSPECTED OF HAVING TRICHINOSIS, A SECOND TEST SHOULD BE MADE TWO TO FOUR (2-4) WEEKS LATER.

SEROLOGIC TITERS ARE RELATED TO THE INFECTING DOSE - VERY LIGHT INFECTIONS MAY REMAIN NEGATIVE.

01	MY	Focus Diagnostics Inc 5785 Corporate Avenue, Cypress, CA 90630-4738	Dir: Richard Porachen, PhD
02	LA	ViroMed 6101 Blue Circle Drive, Minnetonka, MN 55343-9018	Dir: Steven Anderson, PhD
03	GV	Parasitic Disease Consultants 2177 J Flintstone Drive, Tucker, GA 30084	Dir: Irving Kagan, PhD
For inquiries, the physician may contact Branch: 256-766-1395 Lab: 800-445-4032			

CAMERON, JIMMY	105591	241-558-0182-0	Seq # 0135
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FINAL REPORT

Page: 2 of 2

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DOC1 Ver: 131

HMRD -6099
09/30/06 12:07

MARION REGIONAL MEDICAL CENTER
(QAIRL1)

PAGE 001

=====

CAMERON, JIMMY F M 57
MR#: 006809685 ACCT#: 76541440
SERV: RADIOLO M-1XOP
MD: SONNIER ADM: 09/29/06
DX: EOSINOPHILIA PERSISTANT
DOB: 12/30/1948

=====

C.T. / M.R.I. RESULTS

ENTERED FOR: SONNIER

REQ#: K272-0079

EXAM: CT, CHEST WITHOUT CONTRAST 71250 1.01

INDICATIONS: --EOSINOPHILIA PERSISTANT
RADIOLOGIST: ROBERTS, MARK STENO: RADPLUS
=====

CT, CHEST WITHOUT CONTRAST 71250
CT CHEST WITHOUT CONTRAST - 9/29/06

INDICATIONS: EOSINOPHILIA.

CT TECHNIQUE:

CT FINDINGS: THE LACK OF IV CONTRAST DECREASES THE SENSITIVITY OF THE EXAM. CALCIFIED GRANULOMA ARE PRESENT IN THE RIGHT AND LEFT LUNGS. THIS IS CONSISTENT WITH HEALED GRANULOMATOUS DISEASE.

NON-CALCIFIED LESS THAN 5 MM NODULAR DENSITIES ARE IDENTIFIED IN THE RIGHT UPPER LOBE, LINGULA AND RIGHT MIDDLE LOBE. THE SIGNIFICANCE OF THESE NODULES IS UNCERTAIN. METASTATIC DISEASE CANNOT BE EXCLUDED. RECOMMEND FOLLOW-UP CT SCAN OF THE CHEST IN 3 MONTHS FOR FURTHER EVALUATION.

SCARRING OR SUBSEGMENTAL ATELECTASIS IS IDENTIFIED IN THE RIGHT MIDDLE LOBE AND RIGHT AND LEFT LOWER LOBES.

NO MEDIASTINAL ADENOPATHY IS SEEN.

COMPRESSION FRACTURES ARE IDENTIFIED IN THE THORACIC SPINE AT THE T8 AND T11 LEVELS. AN EXPANSILE LESION IS IDENTIFIED IN APPROXIMATELY THE T7 VERTEBRAL BODY. THE SIGNIFICANCE OF THIS IS UNCERTAIN.

IMPRESSION:

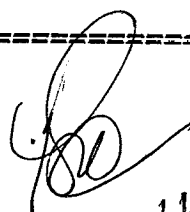
1. THE LACK OF IV CONTRAST LIMITS THE EXAM.
2. HEALED GRANULOMATOUS DISEASE.
3. NONCALCIFIED, LESS THAN 5 MM NODULES IN THE RIGHT AND LEFT LUNGS OF UNCERTAIN SIGNIFICANCE. METASTATIC DISEASE CANNOT BE EXCLUDED. RECOMMEND FOLLOW-UP CT SCAN OF THE CHEST IN 3 MONTHS TO ASSESS STABILITY.

CONTINUED

=====

CAMERON, JIMMY F

C.T./M.R.I.


11/2/06

09/30/06 12:07

MARION REGIONAL MEDICAL CENTER
(QAIRL1)

PAGE 002

=====

CAMERON, JIMMY F

M 57

MR#: 006809685

ACCT#: 76541440

SERV: RADIOLO M-1XOP

MD: SONNIER

ADM: 09/29/06

DX: EOSINOPHILIA PERSISTANT

DOB: 12/30/1948

=====

C.T. / M.R.I. RESULTS

=====

ENTERED FOR: SONNIER

REQ#: K272-0079

4. OLD APPEARING THORACIC COMPRESSION FRACTURES.
5. THE T7 VERTEBRAL BODY APPEARS TO HAVE AN EXPANSILE LESION. THIS CANNOT BE ADEQUATELY ASSESSED ON THIS CT SCAN. RECOMMEND NUCLEAR MEDICINE BONE SCAN, RADIOGRAPHS OF THE THORACIC SPINE, AS WELL AS DEDICATED CT SCAN TO THE MID THORACIC SPINE.

MR: 9/29/06

BL: 9/30/06

LAST PAGE

=====

CAMERON, JIMMY F

C.T./M.R.I.

HCX

HEALTHCARE CORRECTIONS

RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION:

Hamilton Adult

Name:

Jimmy Cameron

State ID No.:

105591

DOB:

2-30-48

Race:

W/M

Sex:

M

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERT

Requesting Physician/PA/NP

Donner

Date of request

9/26/06

Time of request

9am

Routine

X

Priority

Transportation or special

HISTORY/DIAGNOSIS:

Frequent, ↓ back pain.

X-RAY REQUEST

ABDOMEN/CTH	FINGERS	NAVICULAR VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (W/O WEIGHT)	FOOT	ORBITS	STERNUM
ANKLE	HAND	OS CALCEI (HEEL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	HIP	PELTS	THORACIC SPINE
CHEST PA / W/O	NUMERUS	RADIUS/ULNA	TIBIA/FIBULA
COCCIX	TOE	RIBS	TONES
CONE DOWN Sella TURCICA	<u>Lumbo/Sacral</u> SPINE	SACRO-ILIAC JOINTS	WRIST
ELBOW	MANDIBLE	SCAPULA	ZYGOMA
FACIAL BONES	MAXILLA	SHOULDER	ZYGOMATIC ARCH
FEMUR	NASAL BONES	SKULL	

Cameron

REPORT

LUMBAR SPINE: There is slight loss of the vertebral body height at L1-2. There are mild degenerative changes below this level.

IMPRESSION: PROBABLE MILD COMPRESSION OF L1 AND L2. THE AGE OF THE CHANGES IS UNCERTAIN. NO OTHER ABNORMALITY IS IDENTIFIED.

D & T: 09-29-06 Maurice H. Rowell/rr Board Certified Radiologist (Signature on file)

Dr

Donna Flynn

X-RAY TECHNOLOGIST'S NAME (PRINT)

Donna Flynn RT(R)(M)

X-RAY TECHNOLOGIST'S SIGNATURE

9-27-06 L-Spin

DATE, TIME EXAM PER

Specimen # 272-558-0096-0		Control/Ref # 53517 36		Document Pg 1
Fasting Yes	Micro Source	Total Urine Volume	Report Status S / Final	
Date Collected 09/29/06	Time Collected 05:00	Date Entered 09/29/06	Date Reported 09/30/06	

Patient ID Number 105591	Patient Phone Number	Patient SSN
Patient Name CAMERON, JIMMY	Sex M	Date of Birth 12/30/48
Patient Address		

Comments
PATIENT AGE: 057/08/30

Account
01890035
Hamilton Aged / Infirmid
00
223 Sessor Drive
Hamilton AL 35570
205-921-1450

Tests Requested CMP12+LP+TP+TSH+6AC+CBC/D/Plt; Creatine Kinase, Total, Serum
PHY NAME: SONNIER

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CMP12+LP+TP+TSH+6AC+CBC/D/Plt					
Chemistries					
Glucose, Serum	90		mg/dL	65 - 99	MB
Uric Acid, Serum	6.1		mg/dL	2.4 - 8.2	MB
BUN	13		mg/dL	5 - 26	MB
Creatinine, Serum	1.1		mg/dL	0.5 - 1.5	MB
BUN/Creatinine Ratio	12			8 - 27	
Sodium, Serum	141		mmol/L	135 - 148	MB
Potassium, Serum	4.7		mmol/L	3.5 - 5.5	MB
Chloride, Serum	105		mmol/L	96 - 109	MB
Calcium, Serum	9.4		mg/dL	8.5 - 10.6	MB
Phosphorus, Serum	3.1		mg/dL	2.5 - 4.5	MB
Protein, Total, Serum	7.3		g/dL	6.0 - 8.5	MB
Albumin, Serum	4.0		g/dL	3.5 - 5.5	MB
Globulin, Total	3.3		g/dL	1.5 - 4.5	
A/G Ratio	1.2			1.1 - 2.5	
Bilirubin, Total	0.4		mg/dL	0.1 - 1.2	MB
Alkaline Phosphatase, S	93		IU/L	25 - 150	MB
LDH	150		IU/L	100 - 250	MB
AST (SGOT)	31		IU/L	0 - 40	MB
ALT (SGPT)	33		IU/L	0 - 55	MB
GGT	45		IU/L	0 - 65	MB
Iron, Serum	69		ug/dL	40 - 155	MB
Lipids					
Cholesterol, Total	120		mg/dL	100 - 199	MB
Triglycerides	109		mg/dL	0 - 149	MB
HDL Cholesterol	30	Low	mg/dL	40 - 59	MB
VLDL Cholesterol Cal	22		mg/dL	5 - 40	
LDL Cholesterol Calc	68		mg/dL	0 - 99	
T. Chol/HDL Ratio	4.0		ratio units	0.0 - 5.0	
Estimated CHD Risk	0.7		times avg.	0.0 - 1.0	
T. Chol/HDL Ratio					
Men Women					
1/2 Avg.Risk 3.4 3.3					
Avg.Risk 5.0 4.4					
2X Avg.Risk 9.6 7.1					
3X Avg.Risk 23.4 11.0					

The CHD Risk is based on the T. Chol/HDL ratio. Other

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CAMERON, JIMMY

105591

272-558-0096-0 Seq# 8207 09-30-06 09:17ET

Specimen # 272-558-0096-0		Control/Reg. N ^o 36 53517		Document 22-6	Filed 02/28/2007	Page 20 of 35	LabCorp V 1.28
Fasting Yes	Micro Source	Total Urine Volume 36	Report Status R / Final				
Date Collected 09/29/06	Time Collected 05:00	Date Entered 09/29/06	Date Reported 09/30/06				
Patient ID Number 105591		Patient Phone Number		Patient SSN			
Patient Name CAMERON, JIMMY			Sex M	Date of Birth 12/30/48			
Patient Address							
Comments PATIENT AGE: 057/08/30							
Account 01890035 Hamilton Aged / Infirmed 00 223 Sessor Drive Hamilton AL 35570 205-921-1450 PHY NAME: SONNIER							
Tests Requested CMP12+LP+TP+TSH+6AC+CBC/D/Plt; Creatine Kinase, Total, Serum							

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of pre-mature CHD.					
Thyroid					MB
TSH	1.547		uIU/mL	0.350 - 5.500	MB
Thyroxine (T4)	8.5		ug/dL	4.5 - 12.0	MB
T3 Uptake	25		%	24 - 39	MB
Free Thyroxine Index	2.1			1.2 - 4.9	MB
CBC, Platelet Ct, and Diff					MB
WBC	6.6		x10E3/uL	4.0 - 10.5	MB
RBC	4.38		x10E6/uL	4.10 - 5.60	MB
Hemoglobin	13.5		g/dL	12.5 - 17.0	MB
Hematocrit	40.4		%	36.0 - 50.0	MB
MCV	92		fL	80 - 98	MB
MCH	30.8		pg	27.0 - 34.0	MB
MCHC	33.3		g/dL	32.0 - 36.0	MB
RDW	13.2		%	11.7 - 15.0	MB
Platelets	144		x10E3/uL	140 - 415	MB
Neutrophils	15	Low	%	40 - 74	MB
Lymphs	51	High	%	14 - 46	MB
Monocytes	14	High	%	4 - 13	MB
Eos	19	High	%	0 - 7	MB
Basos	1		%	0 - 3	MB
Neutrophils (Absolute)	1.0	Alert	x10E3/uL	1.8 - 7.8	MB
Lymphs (Absolute)	3.4		x10E3/uL	0.7 - 4.5	MB
Monocytes (Absolute)	0.9		x10E3/uL	0.1 - 1.0	MB
Eos (Absolute)	1.3	High	x10E3/uL	0.0 - 0.4	MB
Baso (Absolute)	0.1		x10E3/uL	0.0 - 0.2	MB
Creatine Kinase, Total, Serum	55		U/L	24 - 204	MB

Lab: MB LabCorp Birmingham Director: John Elgin, MD
 1801 First Avenue South, Birmingham, AL 35233
 For inquires, the physician may contact: Branch: 256-766-1395 Lab: 205-581-3500
 LAST PAGE OF REPORT

DUPLICATE FINAL REPORT

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CAMERON, JIMMY

105591

272-558-0096-0 Seq# 8211 09-30-06 09:38ET

Specimen # 68-558-0078-0	Control/Back-Label 53517	1	Pg 1
Fasting N/A	Micro Source	Total Urine Volume	Report Status S / Final
Date Collected 09/21/06	Time Collected	Date Entered 09/25/06	Date Reported 09/26/06
Patient ID Number 105591	Patient Phone Number	Patient SSN	Account 01890035
Patient Name CAMERON, JIMMY	Sex M	Date of Birth 12/30/48	Hamilton Aged / Infirmed 00
Patient Address	223 Sessor Drive Hamilton AL 35570		
Comments PATIENT AGE: 057/08/22	205-921-1450		
Tests Requested Ova + Parasite Exam	PHY NAME: SONNIER		

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Ova + Parasite Exam					
Ova + Parasite Exam	Final report				MB
	These results were obtained using wet preparation(s) and trichrome stained smear. This test does not include testing for Cryptosporidium parvum, Cyclospora, or Microsporidia.				
Result 1	No ova, cysts, or parasites seen.				MB

Lab: MB LabCorp Birmingham		Director: John Elgin, MD			
1801 First Avenue South, Birmingham, AL 35233					
For inquires, the physician may contact: Branch: 256-766-1395 Lab: 205-581-3500					

LAST PAGE OF REPORT					
w/u of eosinophils					
9/26/06					

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CAMERON, JIMMY

105591

268-558-0078-0 Seq# 8169 09-26-06 23:33ET

Specimen # 241-558-0180-0		Control/Limit 5351 5 39		Document 22-6 Pg 1		Filed 02/28/2007		Page 22 of 35		LabCorp V 1.28	
Fasting No		Micro Source		Total Urine Volume		Report Status S / Final		Clinical Information #1			
Date Collected 08/28/06		Time Collected 15:00		Date Entered 08/29/06		Date Reported 08/30/06					
Patient ID Number 105591		Patient Phone Number		Patient SSN		Account 01890035					
Patient Name CAMERON, JIMMY				Sex M		Date of Birth 12/30/48		Hamilton Aged / Infirmed 00			
Patient Address								223 Sessor Drive Hamilton AL 35570			
Comments PATIENT AGE: 057/07/29								205-921-1450			
Tests Requested Ova + Parasite Exam								PHY NAME: SONNIER,			

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Ova + Parasite Exam					
Ova + Parasite Exam	Final report				MB
	These results were obtained using wet preparation(s) and trichrome stained smear. This test does not include testing for Cryptosporidium parvum, Cyclospora, or Microsporidia.				
Result 1	No ova, cysts, or parasites seen.				MB

Lab: MB LabCorp Birmingham			Director: John Elgin, MD		
1801 First Avenue South, Birmingham, AL 35233					
For inquiries, the physician may contact: Branch: 256-766-1395 Lab: 205-581-3500					

LAST PAGE OF REPORT					

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CAMERON, JIMMY

105591

241-558-0180-0 Seq# 7858 08-30-06 23:36ET

New chart
9/6/06

RE CORRECTIONS:
RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: Hamilton A&I

Name: Cameron, James
State ID No: 105591
DOB: 12/30/48
Race: W Sex: M

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERT

Requesting Physician/PA/NP	Date of request	Time of request	Routine	Priority	Transportation or special n
<u>Dr. Sommer</u>	<u>8/28/06</u>	<u>1:00</u>	<input checked="" type="checkbox"/>		

HISTORY/DIAGNOSIS:

APC Lat Chest X-ray @ PPD 3/05

X-RAY REQUEST			
ABDOMEN/PA	FINGER	MANDIBULAR VIEW	SOFT TISSUE STUDIES
ACIOMBO-CLAVICULAR JOINTS (WIND WEIGHT)	FOOT	ORBITS	STERNUM
ANKLE	HAND	OS CALCEI (HEEL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	HIP	PELVIS	THORACIC SPINE
CHEST PA & LATERAL	HUMERUS	RADIOMULKA	TIBIA/FIBULA
COCCYX	KNEE	RIBS	TOES
CONE DOWN SELLA TURCICA	Lumbo/sacral	SACRO-ILIAC JOINTS	WRIST
ELBOW	MANDIBLE	SCAPULA	ZYGOMA
FACIAL BONES	MAXILLA	SHOULDER	ZYGOMATIC ARCH
FEMUR	NASAL BONES	SKULL	

REPORT

CAMERON

PA AND LATERAL Chest: There is increased prominence of interstitial lung markings. There are calcifications secondary to old healed granulomatous disease. There are no other significant findings.

IMPRESSION: THERE ARE CHRONIC CHANGES AS DESCRIBED. IF AN ACUTE INFILTRATE IS SUSPECTED FOLLOW UP IS RECOMMENDED.

COMMENT: There are old healed fractures of the left clavicle, left ribs and right humerus. There is also an apparent old compression fracture in the lower dorsal spine and possibly an additional compression fracture in the mid dorsal region.

D & T: 09-01-06 Howard P. Schiele, M.D./dc Board Certified Radiologist (Signature on Myel
file) Chen

Donna Flynn
X-RAY TECHNOLOGIST'S NAME (PRINT)

Donna Flynn RT(R)(M)
X-RAY TECHNOLOGIST'S SIGNATURE

8-30-06 PA Chest
Lat Chest
DATE, TIME EXAM PERI

FROM :SERO

FAX NO. :770 938 7189

Aug. 31 2006 03:15PM P1



PARASITIC DISEASE CONSULTANTS

Irving G. Kagan, Ph.D., Director
P.O. Box 616 - Tucker, GA 30085 - (770) 496-1370
LAB: 2177-J Flintstone Drive - Tucker, GA 30084
CLIA ID: 11D0255923



PARASITIC SEROLOGY REQUEST - 7987FH

PHYSICIAN OR INSTITUTION

LAB CORP of AMERICA HOLDINGS
REFERRAL LAB.
1801 1st AVE SOUTH
BIRMINGHAM, AL 35233

(205)581-3500

PATIENT INFORMATION

CAMERON, JIMMY
Age: 57 Gender: M
Patient ID: 24155801830

Spec. Date: 08/29/06 time:0500

PARASITIC SEROLOGY RESULTS - 08/31/06

Lab#:6-8-246

HOOKWORM Ab - ELISA 1:8 **NEGATIVE**
Reference Range: Pos=> 1:32 Neg< 1:32

Hookworm infection is caused by two species: *Ancylostoma intestinalis* and *Necatur americanus*. Due to the intimate association of the parasite with the intestinal mucosa of the host, where it sucks blood, antibodies against the parasite develop in the serum of an infected host.

Diagnostic methods: The primary diagnostic method is the examination of the feces of the patient for Hookworm eggs. In the absence of a fecal examination, the serum of the patient can be tested for antibodies to the parasite by an ELISA test, which employs a crude extract of the adult *Necatur americanus* parasites. A titer of 1:32 or higher is reported as a positive test.

Caution: Due to the paucity of reactive sera and clinical data, results of a serologic test should be used to evaluate the clinical manifestations of the infection which are anemia and occult blood and examine the feces for eggs of the parasite. No data are available, in this Laboratory, on the cross reactivity of the test.

Need
Jim
9/1/06

Specimen # 236-558-0143-0		Control/Reg # 53517		Pg 2	LabCorp® V 1.28
Fasting Yes	Micro Source	Total Urine Volume	Report Status S / Final		
Date Collected 08/24/06	Time Collected 05:00	Date Entered 08/24/06	Date Reported 08/25/06		
Patient ID Number 105591		Patient Phone Number		Patient SSN	Account 01890035 Hamilton Aged / Infirmed 00 223 Sessor Drive Hamilton AL 35570 205-921-1450
Patient Name CAMERON, JIMMY		Sex M	Date of Birth 12/30/48		
Patient Address					
Comments PATIENT AGE: 057/07/25					
Tests Requested CMP12+LP+TP+TSH+6AC+CBC/D/Plt; Panel 083824					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of pre-mature CHD.					
Thyroid					MB
TSH	1.319		uIU/mL	0.350 - 5.500	MB
Thyroxine (T4)	8.9		ug/dL	4.5 - 12.0	MB
T3 Uptake	23	Low	%	24 - 39	MB
Free Thyroxine Index	2.0			1.2 - 4.9	MB
CBC, Platelet Ct, and Diff					MB
WBC	6.5		x10E3/uL	4.0 - 10.5	MB
RBC	4.48		x10E6/uL	4.10 - 5.60	MB
Hemoglobin	14.3		g/dL	12.5 - 17.0	MB
Hematocrit	42.0		%	36.0 - 50.0	MB
MCV	94		fL	80 - 98	MB
MCH	31.9		pg	27.0 - 34.0	MB
MCHC	34.0		g/dL	32.0 - 36.0	MB
RDW	12.5		%	11.7 - 15.0	MB
Platelets	165		x10E3/uL	140 - 415	MB
Neutrophils	21	Low	%	40 - 74	MB
Lymphs	47	High	%	14 - 46	MB
Monocytes	15	High	%	4 - 13	MB
Eos	17	High	%	0 - 7	MB
Basos	0		%	0 - 3	MB
Neutrophils (Absolute)	1.4	Low	x10E3/uL	1.8 - 7.8	MB
Lymphs (Absolute)	3.1		x10E3/uL	0.7 - 4.5	MB
Monocytes (Absolute)	1.0		x10E3/uL	0.1 - 1.0	MB
Eos (Absolute)	1.1	High	x10E3/uL	0.0 - 0.4	MB
Baso (Absolute)	0.0		x10E3/uL	0.0 - 0.2	MB
Panel 083824					
HIV-1 Abs-EIA					MB
HIV-1 Abs-O.D. Ratio	<1.00			<1.00	MB
O.D. Ratio: Specimen absorbance value relative to the negative cutoff.					
HIV-1 Abs, Qual	Non Reactive			Non Reactive	MB
Lab: MB LabCorp Birmingham Director: John Elgin, MD					
1801 First Avenue South, Birmingham, AL 35233					

FINAL REPORT

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CAMERON, JIMMY

105591

236-558-0143-0 Seq# 7786 08-25-06 13:22ET

(M) 8/28/06

Specimen # 236-558-0143-0		Control/Req # 53517		Pg 1
Fasting Yes	Micro Source	Total Urine Volume	Report Status S / Final	
Date Collected 08/24/06	Time Collected 05:00	Date Entered 08/24/06	Date Reported 08/25/06	
Patient ID Number 105591		Patient Phone Number	Patient SSN	
Patient Name CAMERON, JIMMY		Sex M	Date of Birth 12/30/48	
Patient Address		Account 01890035 Hamilton Aged / Infirmed 223 Sessor Drive Hamilton AL 35570 205-921-1450		
Comments PATIENT AGE: 057/07/25				
Tests Requested CMP12+LP+TP+TSH+6AC+CBC/D/Plt; Panel 083824				

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CMP12+LP+TP+TSH+6AC+CBC/D/Plt					
Chemistries					
Glucose, Serum	81		mg/dL	65 - 99	MB
Uric Acid, Serum	6.0		mg/dL	2.4 - 8.2	MB
BUN	14		mg/dL	5 - 26	MB
Creatinine, Serum	1.0		mg/dL	0.5 - 1.5	MB
BUN/Creatinine Ratio	14			8 - 27	
Sodium, Serum	139		mmol/L	135 - 148	MB
Potassium, Serum	4.9		mmol/L	3.5 - 5.5	MB
Chloride, Serum	102		mmol/L	96 - 109	MB
Calcium, Serum	9.6		mg/dL	8.5 - 10.6	MB
Phosphorus, Serum	2.3	Low	mg/dL	2.5 - 4.5	MB
Protein, Total, Serum	7.7		g/dL	6.0 - 8.5	MB
Albumin, Serum	4.2		g/dL	3.5 - 5.5	MB
Globulin, Total	3.5		g/dL	1.5 - 4.5	
A/G Ratio	1.2			1.1 - 2.5	
Bilirubin, Total	0.3		mg/dL	0.1 - 1.2	MB
Alkaline Phosphatase, S	104		IU/L	25 - 150	MB
LDH	172		IU/L	100 - 250	MB
AST (SGOT)	31		IU/L	0 - 40	MB
ALT (SGPT)	24		IU/L	0 - 55	MB
GGT	50		IU/L	0 - 65	MB
Iron, Serum	72		ug/dL	40 - 155	MB
Lipids					
Cholesterol, Total	135		mg/dL	100 - 199	MB
Triglycerides	173	High	mg/dL	0 - 149	MB
HDL Cholesterol	32	Low	mg/dL	40 - 59	MB
VLDL Cholesterol Cal	35		mg/dL	5 - 40	
LDL Cholesterol Calc	68		mg/dL	0 - 99	
T. Chol/HDL Ratio	4.2		ratio units	0.0 - 5.0	
Estimated CHD Risk	0.8		times avg.	0.0 - 1.0	
T. Chol/HDL Ratio					
Men Women					
1/2 Avg.Risk 3.4 3.3					
Avg.Risk 5.0 4.4					
2X Avg.Risk 9.6 7.1					
3X Avg.Risk 23.4 11.0					

The CHD Risk is based on the T. Chol/HDL ratio. Other

FINAL REPORT

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CAMERON, JIMMY

105591

236-558-0143-0 Seq# 7786 08-25-06 13:22ET

LabCorp
 Laboratory Corporation of America

LabCorp Birmingham
 1801 First Avenue South
 Birmingham, AL 35233

Phone: 205-581-3500

Specimen Number 130-558-0190-0	Patient ID 105591	Control Number 53558296978	Account Number 01890035	Account Phone Number 205-921-1450	Account Delivery Route 00
Patient Last Name CAMERON			Account Address Hamilton Aged / Infirmed		
Patient First Name JIMMY		Patient Middle Name		223 Sessor Drive Hamilton AL 35570	
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D) 57/04/10	Date of Birth 12/30/48	Sex M			
Fasting Yes					
Patient Address			Additional Information		
Date and Time Collected 05/10/06 05:00	Date Entered 05/10/06	Date and Time Reported 05/11/06 19:09ET	Physician Name TOMESCU, O	NPI	Physician ID TOMESCU

Tests Ordered
 CMP12+LP+TP+TSH+6AC+CBC/D/Plt; Urinalysis, Complete; Hepatitis, Diagnostic (Prof I);
 Prostate-Specific Ag, Serum

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
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CMP12+LP+TP+TSH+6AC+CBC/D/Plt

Chemistries						
Glucose, Serum	92		mg/dL	65 - 99		MB
Uric Acid, Serum	6.1		mg/dL	2.4 - 8.2		MB
BUN	15		mg/dL	5 - 26		MB
Creatinine, Serum	1.1		mg/dL	0.5 - 1.5		MB
BUN/Creatinine Ratio	14			8 - 27		
Sodium, Serum	142		mmol/L	135 - 148		MB
Potassium, Serum	5.1		mmol/L	3.5 - 5.5		MB
Chloride, Serum	105		mmol/L	96 - 109		MB
Calcium, Serum	9.7		mg/dL	8.5 - 10.6		MB
Phosphorus, Serum	3.4		mg/dL	2.5 - 4.5		MB
Protein, Total, Serum	7.9		g/dL	6.0 - 8.5		MB
Albumin, Serum	4.3		g/dL	3.5 - 5.5		MB
Globulin, Total	3.6		g/dL	1.5 - 4.5		
A/G Ratio	1.2			1.1 - 2.5		
Bilirubin, Total	0.2		mg/dL	0.1 - 1.2		MB
Alkaline Phosphatase, Serum	136		IU/L	25 - 150		MB
LDH	148		IU/L	100 - 250		MB
AST (SGOT)	29		IU/L	0 - 40		MB
ALT (SGPT)	25		IU/L	0 - 55		MB
GGT	43		IU/L	0 - 65		MB
Iron, Serum	81		ug/dL	40 - 155		MB

Lipids						
Cholesterol, Total	136		mg/dL	100 - 199		MB
Triglycerides	113		mg/dL	0 - 149		MB
HDL Cholesterol	34	Low	mg/dL	40 - 59		MB
VLDL Cholesterol Calc	23		mg/dL	5 - 40		
LDL Cholesterol Calc	79		mg/dL	0 - 99		
T. Chol/HDL Ratio	4.0		ratio units	0.0 - 5.0		
Estimated CHD Risk	0.7		times avg.	0.0 - 1.0		

CAMERON, JIMMY	105591	130-558-0190-0	Seq # 0171
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FINAL REPORT

Page 1 of 3



LabCorp Birmingham
 1801 First Avenue South
 Birmingham, AL 35233

Phone: 205-581-3500

Patient Name						Specimen Number	
CAMERON, JIMMY						130-558-0190-0	
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
01890035	105591	53558296978	05/10/06 05:00	05/11/06	M	57/04/10	12/30/48

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
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T. Chol/HDL Ratio

	Men	Women
1/2 Avg.Risk	3.4	3.3
Avg.Risk	5.0	4.4
2X Avg.Risk	9.6	7.1
3X Avg.Risk	23.4	11.0

The CHD Risk is based on the T. Chol/HDL ratio. Other factors affect CHD Risk such as hypertension, smoking, diabetes, severe obesity, and family history of pre-mature CHD.

Thyroid						MB
TSH	2.626		uIU/mL	0.350 - 5.500		MB
Thyroxine (T4)	8.1		ug/dL	4.5 - 12.0		MB
T3 Uptake	24		%	24 - 39		MB
Free Thyroxine Index	1.9			1.2 - 4.9		MB
CBC, Platelet Ct, and Diff						MB
White Blood Cell (WBC) Count	8.0		x10E3/uL	4.0 - 10.5		MB
Red Blood Cell (RBC) Count	4.53		x10E6/uL	4.10 - 5.60		MB
Hemoglobin	14.6		g/dL	12.5 - 17.0		MB
Hematocrit	42.9		%	36.0 - 50.0		MB
MCV	95		fL	80 - 98		MB
MCH	32.2		pg	27.0 - 34.0		MB
MCHC	34.0		g/dL	32.0 - 36.0		MB
RDW	12.6		%	11.7 - 15.0		MB
Platelets	178		x10E3/uL	140 - 415		MB
Neutrophils	19	Low	%	40 - 74		MB
Lymphs	42		%	14 - 46		MB
Monocytes	11		%	4 - 13		MB
Eos	27	High	%	0 - 7		MB
Basos	1		%	0 - 3		MB
Neutrophils (Absolute)	1.5	Low	x10E3/uL	1.8 - 7.8		MB
Lymphs (Absolute)	3.4		x10E3/uL	0.7 - 4.5		MB
Monocytes (Absolute)	0.9		x10E3/uL	0.1 - 1.0		MB
Eos (Absolute)	2.2	High	x10E3/uL	0.0 - 0.4		MB
Baso (Absolute)	0.1		x10E3/uL	0.0 - 0.2		MB

Urinalysis, Complete

Urinalysis Gross Exam						MB
Specific Gravity	1.020			1.005 - 1.030		MB
pH	6.0			5.0 - 7.5		MB
Urine-Color	Yellow			Yellow		MB
Appearance	Clear			Clear		MB

CAMERON, JIMMY	105591	130-558-0190-0	Seq # 0171
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FINAL REPORT

Page 2 of 3

LabCorp
 Laboratory Corporation of America

LabCorp Birmingham
 1801 First Avenue South
 Birmingham, AL 35233

Phone: 205-581-3500

Patient Name						Specimen Number	
CAMERON, JIMMY						130-558-0190-0	
Account Number	Patient ID	Control Number	Date and Time Collected	Date Reported	Sex	Age(Y/M/D)	Date of Birth
01890035	105591	53558296978	05/10/06 05:00	05/11/06	M	57/04/10	12/30/48

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
WBC Esterase	Negative			Negative		MB
Protein	Negative			Negative/Trace		MB
Glucose	Negative			Negative		MB
Ketones	Negative			Negative		MB
Occult Blood	Negative			Negative		MB
Bilirubin	Negative			Negative		MB
Urobilinogen, Semi-Qn	0.0		mg/dL	0.0 - 1.9		MB
Nitrite, Urine	Negative			Negative		MB
Microscopic Examination	Microscopic follows if indicated.					MB
Microscopic Examination	See below:					MB
WBC	None seen		/hpf	0 - 5		MB
RBC	None seen		/hpf	0 - 3		MB

Hepatitis, Diagnostic (Prof I)

Hep A Ab, IgM	Negative		Negative	MB
HBsAg Screen	Negative		Negative	MB
Hep B Core Ab, IgM	Negative		Negative	MB

Prostate-Specific Ag, Serum

0.4	ng/mL	0.0 - 4.0	MB
Beckman (formerly Hybritech) ICMA methodology			

MB: LabCorp Birmingham	Dir: John Elgin, MD
1801 First Avenue South, Birmingham, AL 35233	
For inquiries, the physician may contact: Branch: 800-828-7749 Lab: 205-581-3500	

CAMERON, JIMMY	105591	130-558-0190-0	Seq #0171
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FINAL REPORT

Page 3 of 3

ID: #STAT#060509115937

05/09/2006 11:59:36

D.O.B.:		Vent. Rate:	59 bpm
Meds:		RR Interval:	1012 ms
Class:		PR Interval:	206 ms
Dr:		QRS Duration:	68 ms
Tech:		QT Interval:	382 ms
		QTc Interval:	381 ms
		QT Dispersion:	34 ms
		P-R-T AXIS:	49° 18° 60°

Camden Jimmy
A15 # 105561
D.O.B. 12/30/48 Age: 57

SINUS BRADYCARDIA
BORDERLINE FIRST DEGREE A-V BLOCK
** INTERPRETATION MADE WITHOUT KNOWING PATIENT'S GENDER/AGE **
Broad P waves
CONSIDER LEFT ATRIAL ABNORMALITY
T wave changes in the septal lead
THESE MINOR CHANGES ARE OF EQUIVOCAL SIGNIFICANCE ONLY
Summary: BORDERLINE ECG
* Unconfirmed Analysis *

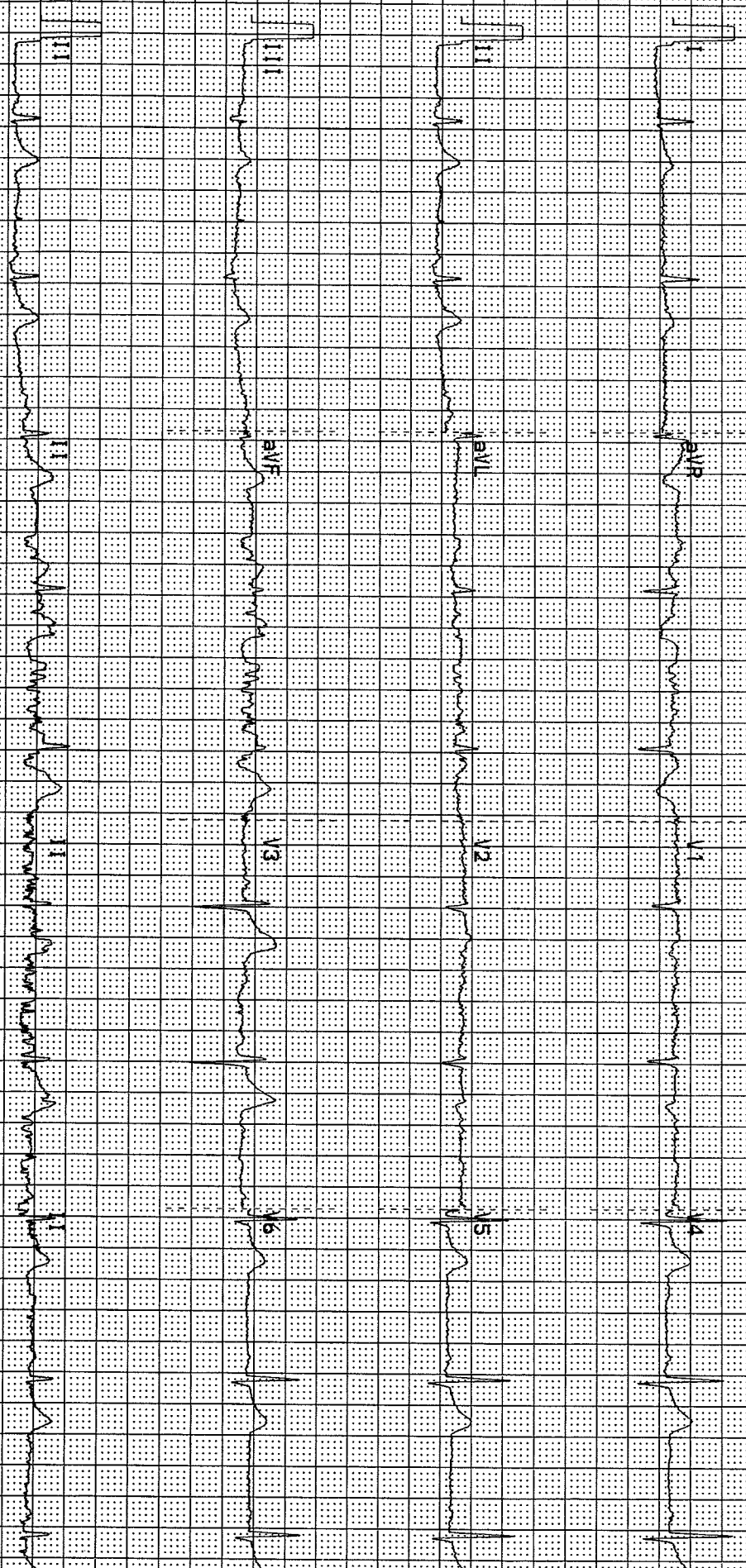
BURDICK

BURDICK REORDER NO/REF 716-0237-00

Artia 3000 Int'l 97/4.3/25.4/2.2(0004)

Serial #:0001449

25 mm/s
40 Hz



DEPARTMENT OF CORRECTIONS

RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: VCFName: Cameron, JimmyState ID No: 105591DOB: 123048Race: WSex: M

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/P.A./NP	Date of request	Time of request	Routine	Priority	Transportation of special needs
Rappaport / 29	011006	0930	<input checked="" type="checkbox"/>		

~~PREVIOUS DIAGNOSIS:~~
 Coned down AP view
 true lateral and Oblique views
 at the level of T7-T8
 (Thoracic spine)
~~Previous Films~~

X-RAY REQUEST			
ABDOMEN/BACK	FINGERS	MANDIBULAR VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (W/O WEIGHT)	FOOT	ORBITS	STERNUM
ANKLE	HAND	OS CALCEI (HEEL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	HIP	PELVIS	THORACIC SPINE
CHEST PA / LATERAL	HUMERUS	RADIUS/ULNA	TIBIA/FIBULA
COCYX	KNEE	RIBS	TOES
CONED DOWN SELLA TURCICA	LUMBAL SPINE	SACRO-ILIAC JOINTS	WRIST
ELBOW	MANDIBLE	SCAPULA	ZYGOMA
FACIAL BONES	MAXILLA	SHOULDER	ZYGOMATIC ARCH
FEMUR	NASAL BONES	SKULL	

☒ Both obl. to Spine
 Coned down

Cameron

REPORT

AP, LATERAL AND OBLIQUE VIEWS OF THE LOWER DORSAL SPINE: There are severe compression fractures of the bodies of T7 and T8 with moderately severe compression fracture of T11. There is relatively slight compression of the body of T6. There is moderate osteopenia. There are mild associated degenerative and hypertrophic changes.

IMPRESSION: MULTIPLE COMPRESSION FRACTURES AS DESCRIBED, THE AGE OF WHICH IS UNKNOWN.

D & T: 01-12-06 Howard P. Schiele, M.D./rr Board Certified Radiologist (Signature on file)

X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE

DATE SIGNED

DEPARTMENT OF CORRECTIONS

RADIOLOGY SERVICES REQUEST AND REPORT

INSTITUTION: VCFName: Cameron, JimmyState ID No.: 105591DOB: 123048Race: WSex: M

NOTE: PERTINENT CLINICAL INFORMATION AND TENTATIVE DIAGNOSIS MUST BE PROVIDED FOR X-RAY EXAMINATION TO BE PERFORMED

Requesting Physician/PA/NP

Date of request

Time of request

Routine

Priority

Transportation of special needs

HISTORY/DIAGNOSIS:

C/o mid Back to LT chest
discomfort (posterior)
w/previous

X-RAY REQUEST

ABDOMEN/PA	FEET	NAVICULAR VIEW	SOFT TISSUE STUDIES
ACROMIO-CLAVICULAR JOINTS (W/WO WEIGHT)	FOOT	ORBITS	STERNUM
ANKLE	HAND	OS CALCEI (HEEL)	TEMPORO-MANDIBULAR JOINTS
CERVICAL SPINE	HO	PELVIS	<input checked="" type="checkbox"/> THORACIC SPINE 2 VIEWS
CHEST PA / LATERAL	HUMERUS	RADUS/ULNA	TIBIA/FIBULA
COCKS	KNEE	REE	TOES
CONED-DOWN BILLY TURKICA	LUMBAL SPINE	SACRO-ILIAC JOINTS	WREST
ELBOW	MANDIBLE	SCAPULA	ZYGOMA
FACIAL BONES	MAXILLA	SHOULDER	ZYGOMATIC ARCH
FEMUR	NASAL BONES	SKULL	

Cameron

REPORT

DORSAL SPINE: The examination is compared with the previous study of 11-11-05. The examination again shows compression fractures of T7 and T8. There appears to have been some further compression since previous examination. Compression fractures of T11 and L1 show no significant change. Deformity of multiple left upper ribs is again noted.

IMPRESSION: THERE ARE MULTIPLE COMPRESSION FRACTURES IN THE LOWER DORSAL SPINE. THERE APPEARS TO HAVE BEEN SOME MILD FURTHER COMPRESSION OF THE BODIES OF T7 AND T8. SUGGEST FOLLOW UP TO INCLUDE CONED-DOWN AP, TRUE-LATERAL AND OBLIQUE VIEWS CENTERED AT THE LEVEL OF T7-T8.

D: & T: 01-09-06 Howard P. Schiele, M.D./jhi Board Certified Radiologist (Signature on file)

X-RAY TECHNOLOGIST'S NAME (PRINT)

X-RAY TECHNOLOGIST'S SIGNATURE

DATE, TIME EXAM PERFORMED

RADIOLOGIST'S NAME (PRINT)

RADIOLOGIST'S SIGNATURE



DATE SIGNED



**PRISON
HEALTH
SERVICES
INCORPORATED**

MENTAL HEALTH SERVICES

DENTAL RECORD

DENTAL EXAMINATION	RESTORATIONS AND TREATMENTS
	
Date of Initial Examination	Initial Classification

Oral Pathology Gingivitis _____
 Vincent's Infection _____
 Stomatitis _____
 Other Findings _____

Occlusion _____

Roentgenograms Periapical _____
 Bitewing _____
 Other _____

Health Questionnaire

YES	NO		YES	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	<input checked="" type="checkbox"/>	V.D.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Allergy (Novocaine, penicillin, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hepatitis <i>C</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Present Medication <i>Zenat</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Anemia or Bleeding Problems
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart Disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Diabetes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kidney Disease
<input type="checkbox"/>	<input checked="" type="checkbox"/>	HIV	<input type="checkbox"/>	<input type="checkbox"/>	Other Disease

*SHOULDERS (L & R)
CRUSHED IN 1982*

[illegible]

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC
CAMERON JIMMY	105591	12/30/48	W/M	V

DENTAL RECORD TREATMENT

[illegible]

PATIENT LAST NAME	FIRST	MIDDLE	DOB	R/S	
-------------------	-------	--------	-----	-----	--

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA

JIMMY CAMERON (AIS #105591),

*

*

Plaintiff,

*

V.

2:06-CV-88-WHA

*

RICHARD ALLEN, ET AL.,

*

Defendants.

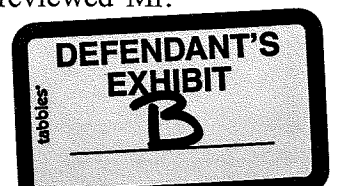
*

AFFIDAVIT OF TAHIR SIDDIQ, M.D.

BEFORE ME, Justine B. Person a notary public in and for said County and State, personally appeared **TAHIR SIDDIQ, M.D.**, and being duly sworn, deposed and says on oath that the averments contained in the foregoing are true to the best of his ability, information, knowledge and belief, as follows:

“My name is Tahir Siddiq. I am a medical doctor and am over twenty-one years of age. I am personally familiar with all of the facts set forth in this affidavit. I have been licensed as a physician in Alabama since 1996, and have been board certified in internal medicine since 1996. I have served as the Medical Director for Bullock County Correctional Facility in Union Springs, Alabama, since 1997. Since November 3, 2003, my employment at Bullock County Correctional Facility has been with Prison Health Services, Inc. (“PHS”), the company which currently contracts with the Alabama Department of Corrections to provide medical services to inmates.

Jimmy Cameron (AIS# 105591) is an inmate currently incarcerated at Bullock County Correctional Facility. I am familiar with Mr. Cameron’s medical history and conditions, and have seen and evaluated him as a patient on numerous occasions. I have also reviewed Mr.



Cameron's medical records (certified copies of which are being produced to the Court along with this Affidavit.)

It is my understanding that Mr. Cameron has filed a complaint in this action alleging that I have failed to provide him with appropriate medical care for a back condition. Mr. Cameron also claims that I have acted improperly in prescribing him two medications, Ibuprofen and Fosamax.¹ Mr. Cameron's allegations are completely unfounded, as all of his medical conditions have been appropriately treated at all times. I have done nothing to retaliate against this inmate.

Mr. Cameron was transferred to Bullock County Correctional Facility on October 24, 2006. A review of Mr. Cameron's medical records indicated that he had a history that was significant for degenerative spine disease. Specifically, Mr. Cameron received a chest x-ray on August 28, 2006, that showed old compression fractures in the lower dorsal spine and, possibly, an additional compression fracture in the mid-dorsal region. On September 26, 2006, roughly one month later, Mr. Cameron received a lumbar spine series that showed slight loss of the vertebral height at L1-2. The age of these changes was noted to be uncertain and no other abnormalities were indicated. On September 29, 2006, Mr. Cameron underwent a chest CT scan which identified a lesion at T7 with old appearing compression fractures at T8 and T11.

Based on these findings, as well as my physical evaluation of this inmate, it is my medical opinion that Mr. Cameron's spinal condition is stable. His compression fractures are well healed and he shows no signs of neurological damage. Surgical intervention is contraindicated.

¹ Fosamax is in the group of medicines called bisphosphonates. It alters the cycle of bone formation and breakdown in the body. Fosamax slows bone loss while increasing bone mass, which may prevent bone fractures.

In order to treat intermittent pain associated with Mr. Cameron's condition, I have prescribed numerous pain relieving medications including Percogesic, Tylenol and Advil. I have also provided Mr. Cameron with numerous specialty profiles to make his time in prison more comfortable including a "lay-in profile," a "double mattress profile," a "bottom bed profile."

Mr. Cameron also claims that I have acted inappropriately by prescribing him certain medications, Ibuprofen and Fosamax. Mr. Cameron believes these medicines are contraindicated for his treatment because he is Hepatitis C positive. While it is true Mr. Cameron is Hepatitis C positive, his liver enzyme panels indicate that his liver is functioning normally. These medications are not contraindicated for his treatment.

Based on my review of Mr. Cameron's medical records, and on my personal knowledge of the treatment provided to him, it is my medical opinion that all of his medical conditions and complaints have been evaluated in a timely fashion at Bullock County Correctional Facility, and that his diagnosed conditions have been treated in a timely and appropriate fashion. At all times, he has received appropriate medical treatment for his health conditions from me and the other PHS personnel at Bullock. At no time has he been denied any needed medical treatment. In other words, it is my opinion that the appropriate standard of care has been adhered to at all times in providing medical care, evaluation, and treatment to this inmate.

At no time have I or any of the PHS staff at Bullock County Correctional Facility denied Mr. Cameron any needed medical treatment, nor have we ever acted with deliberate indifference to any serious medical need of Cameron. At all times, Cameron's known medical complaints and conditions have been addressed as promptly as possible under the circumstances."

Further affiant sayith not.


TAHIR SIDDIQ, M.D. 2/9/7

STATE OF ALABAMA)
COUNTY OF Bullock)

I, Justine B. Person, a Notary Public in and for said State and County, hereby certify that TAHIR SIDDIQ, M.D. who being known to me and who being duly sworn, and whose name is signed to the foregoing document, acknowledged before me on this date that being first informed of the contents of said document, having read the same, and understanding its purpose and effect, voluntarily executed the same upon the above-stated date.

SWORN TO and SUBSCRIBED BEFORE ME on this the 9th day of February, 2007.

Justine B. Person
NOTARY PUBLIC
My Commission Expires: 2/24/09

(NOTARIAL SEAL)